

THE AMERICAN PRACTITIONER.

MAY, 1882.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

THE DANGERS OF DELAYED LABOR AND THE USE OF FORCEPS.

BY J. R. WEIST, M.D.

Every modern obstetrical text-book clearly points out the dangers attending delayed labor, and gynecologists of large experience have striven to make the profession understand that fatal results to the child and grievous accidents to the mother frequently follow the want of intelligent and prompt action on the part of the accoucher in such cases; yet it is true either because of a want of appreciation of the danger or because of unwise fear in regard to interference that many children are still sacrificed, and women subjected to unnecessary pain during labor, and the physical and mental torture afterward that attends a vaginal fistula. A knowledge of these facts prompts me to present the following cases, and follow them by some brief observations and reference to authorities tending to enforce the lessons presented by the cases described. The cases themselves present no strange features, and I shall have nothing new to say, but I believe there are some things that need to be constantly repeated:

CASE I. Mrs. J., American, married, aged twenty-six, consulted me and detailed the following history: "Have had four children; first labor was long and severe; child delivered by aid of forceps. Second labor similar to the first, and the result the same, forceps delivery of a dead child. Third labor came on at eighth month of gestation and terminated naturally. The child was born alive and weighed nearly three kilograms (six and one half pounds). The fourth labor was at full term. The doctor called was directed to bring instruments; was in labor twenty-four hours, the pains being almost continuous and very severe, yet the doctor gave ergot to increase them. The doctor was urged to use forceps, but he stated he had none and had never used the instrument. The proposition was made to send for assistance. This the doctor strongly opposed. Finally, after great suffering on my part and much labor on the part of the doctor, the child was delivered dead. Three days after delivery an eschar escaped from the vagina, after which all the urine passed through this channel. Soon after this the doctor who delivered me and another physician examined me, and prescribed for urinary incontinence, which they said was all that was the matter. Both declared there was no rupture, only weakness of the urethra, from which I would soon recover."

My examination was made seven months after delivery. I found loss of tissue extending from neck of bladder to cervix uteri, the opening being about two inches long by one inch wide, the upper border being the anterior part of the cervix.

Two operations completely closed the patient's vesico-vaginal fistula. Thirteen months after the last operation, I delivered her by aid of forceps after a short labor of a living child weighing nine and one third pounds, and seventeen months later of another living child weighing eleven pounds in the same way. After these labors there was no return of the fistula.

CASE II. Mrs. O., American, twenty-one years old, gave the following history: "The pains of labor came on at nine o'clock in the morning and the membranes ruptured soon after. The pains continued all day, growing much more frequent and severe

in the evening. They came on every few minutes during the night and the next day until four o'clock in the evening. During most of the time two physicians were present with instruments. These they declined to use. They said they had never used instruments in labor. The breech of the child came first, and at the hour last mentioned the body of the child was delivered. At this stage ergot was given in large doses. The bladder had not been emptied for more than twenty-four hours. From this time (four o'clock P.M.) until eleven o'clock P.M. one or the other of the doctors made almost constant and forcible efforts to deliver the head by pulling on the body of the child. At the hour last mentioned a third physician arrived, who succeeded in delivering the head at four o'clock the next morning. Instruments of some kind were used. The baby's head was opened; was in labor forty-three hours. The urine began to pass through the vagina in eight days. Small sloughs came away for three weeks, then a large one was thrown off."

On examination I found that extensive damage had been done. A large part of the vesico-vaginal septum had been destroyed. The opening extended from neck of bladder to within four fifths of an inch of the cervix, and across the entire anterior vaginal wall. The lower inferior border on the left side was corrugated, adherent to the bone, and made up of cicatricial tissue. Nearly the whole of the bladder was inverted through the opening, projecting beyond the labiæ. One operation closed all of this large opening except a small part at the left inferior angle. This was finally closed, after five operations had failed, by bringing healthy tissue from a distance to supply the place of that which was lost.

CASE III. Mrs. R., American, forty-one years old, presented the following history: "Have been delivered of six living children, all the labors being natural and unattended with any unusual difficulty. The pains of the seventh labor came on at five o'clock in the morning. They were frequent and severe from the beginning. The membranes ruptured at an early period. At noon the doctor in attendance gave ergot to increase the

force of the pains. At three o'clock P. M. two additional physicians were summoned. At six o'clock P. M. the head of the baby was opened and delivery accomplished. The bladder was not emptied from the beginning of labor until after the child was delivered. Afterward the urine was passed naturally in small quantities until the tenth day, when a large slough came away, followed by a large flow of water through the vagina. No water has passed through the urethra since, nine months."

I found a large opening in the vesico-vaginal septum, extending upward and through the anterior wall of the cervix. The posterior wall of the cervix was deeply fissured. The fissured anterior portion projected into the bladder and was held there by adhesions. One operation, attended with much difficulty, cured the patient.

CASE IV. Was summoned at 6:30 P. M. to see Mrs. T., American, twenty-nine years old, who was said to be in labor with her first child and needing prompt instrumental assistance. I found two physicians in attendance, and from them I obtained the following history: "At three o'clock P. M. the membranes ruptured without previous pain. A large amount of water passed away. Afterward occasionally slight pains occurred for forty-eight hours, then becoming more frequent. Dr. — was called. The os was found slightly open and the head presenting. Pains continued at irregular intervals for thirty-six hours, then became almost constant. The os was slowly dilating. Constant and great pain was complained of in lower part of abdomen. At this time Dr. — was called in consultation. The conculsion was then reached that the '*solid, heavy pressure*' in the lower part of the abdomen indicated that the child was dead, although the patient asserted she still felt its movements. At this time the patient was said to have been in fair condition. The circulation was good; the bowels had been opened. The os was open to the extent of two and a half inches, and nothing seemed in the way of satisfactory progress except want of strong uterine contractions. To remedy this a variety of expedients were resorted to for six hours. At this time the os being fully dilated

and the head engaged in the superior strait, about twelve grams (three drams) fl. ext. ergot was administered every half hour until more than sixty grams (two ounces) had been given. Within an hour after beginning the ergot the pains became frequent and very severe. Two hours later the head had passed out of the uterus, and rested at the outlet of the pelvis, distending the perineum to some extent. The head remained fixed. An hour later all uterine contractions ceased." Two hours and a half later I saw the patient, and found the skin hot, pulse one hundred and forty per minute, and feeble; patient delirious; the head of child firmly fixed in the inferior strait, slightly distending the perineum, and normal in position; the pelvic outlet of average size; the labiæ much swollen and greatly discolored, their mucous surfaces and that part of the vagina in reach perfectly dry; rectum and bladder empty; no expulsive pain. After a brief consultation it was agreed that forceps be used at once.

In their dry condition it hardly seemed possible for the head to glide over the maternal structures. To facilitate this as much as possible, lard was applied freely externally and internally. The forceps were easily applied, and the head delivered without difficulty. The shoulders being delayed in the pelvis, the arms were brought down by aid of the blunt hook, and the delivery readily completed. Pressure on the uterus as the body of the child was being removed and a thorough kneading afterward caused imperfect contraction; but it was necessary to introduce the hand partially into the uterus to remove the placenta. Fair contraction followed and there was but little hemorrhage. The fluids escaping from the uterus after delivery had a putrid odor, and the child—estimated to weigh ten pounds—presented signs of incipient decomposition. I was afterward informed that the patient rallied moderately well, but continued delirious for two days.

At the end of twenty-four hours after delivery I was again called in consultation, because the patient's bladder had not been emptied. The physicians in attendance not having used the

catheter, because the patient, being delirious, objected! Two pints of urine were removed. The labiæ were still greatly swollen and discolored and extensive sloughing was predicted. In four days urine commenced escaping from the vagina. Twenty-three days after delivery a large slough was removed from the vagina. This was brought to me. It was oval in shape and over two inches in diameter and one and two fifths of an inch thick, one surface being thickly coated with calcareous matter. The patient slowly recovered her general health and submitted to an examination four months after delivery. The vagina was found nearly closed by strong bands of cicatricial tissue and not more than two inches in depth; about three fifths of an inch of the urethra above the meatus was intact; a part of the anterior lip of the uterus had been lost and the remainder was blended in the cicatricial tissue at the superior border of a vesico-vaginal opening. Two operations so restored the bladder and urethra as to give complete command over the flow of urine; but the vagina and cervix remain hopelessly crippled.

It is not within the province of this paper to consider the causes of lingering labor and all the dangers it brings to mother and child, or the various methods of treatment proposed to avert them. The accidents recited in the cases I have reported resulted from pressure long enough continued to cause death of the tissues, the chances of which were greatly increased by the use of ergot, and which might have been reduced to a minimum by the timely use of forceps. The cases, perhaps, need no other commentary, yet I can not forbear saying a few words about them; and that a fair understanding may be had in the beginning, it is proper to observe that whatever want of judgment or degree of ignorance is displayed in their management can not be charged to the account of "irregular doctors," as all the physicians connected with the cases are regular or scientific (!) practitioners in good standing, with from twenty to forty years' experience.

In the first case, a woman, because of a slight narrowing of the pelvis in the antero-posterior diameter, has tedious labors.

Twice the forceps are used by unskilled hands, and no accident comes to her. In a third labor the use of the instrument is demanded, but because of faith in the "powers of nature," its use is denied. Sloughing, a fistula, and the attending physical and mental pain follow, results surely avoidable, as shown by the later history of the patient, she afterward being delivered of two living children without accident.

In the second case, a woman whose pelvis is normal in all its diameters is in labor with a breech-presentation. After more than thirty hours, nature, assisted by two doctors, delivers all the child but the head; the aid of ergot is then invoked; nature is active—"the pains being very frequent and severe"—and the doctors also—"almost constant efforts being made to deliver the head by pulling on the body of the child." After a trial of seven hours, all these forces proving ineffectual, a third doctor is called, and the combination effects the delivery of the head in five hours. A part of the tissues, unable to bear the compression for twelve hours, die, and a fistula is established. Is it reasonable to suppose that physicians possessed of the "divine idea of the female pelvis," or understanding the mechanism of labor, would follow this practice or express surprise at the result?

In the third case it is probable that the ergot administered was responsible for the disaster.

In the fourth case, a woman, after being in labor ninety hours, has only succeeded in fully dilating the os uteri and engaging the head in the superior strait; the pains are almost constant, yet to increase their force more than two ounces of the fl. ext. of ergot is given within two and a half hours. In four hours the head has escaped from the uterus and advanced to the inferior strait. Then when the patient is exhausted and delirious, the labiæ and vagina swollen and perfectly dry from the nearly constant "touching" for many hours, all uterine action ceases, yet even in this state of affairs two and a half hours are allowed to pass before instrumental aid is summoned. No wonder the woman barely escapes with her life, having some of her organs disabled beyond the reach of reparative surgery.

The physician-in-chief in this case is an old practitioner, who has attended as many women in labor, perhaps, as any physician in the State, while the one in joint attendance has had a large experience, extending over a period of thirty years. When a case like this is seen in the practice of such physicians, surely there is ground for the statement that well-established principles in obstetrical practice need to be repeated over and over again and the consequences of their violation shown by illustrative cases.

Dr. Fordyce Barker says, "Burns was the first to clearly point out the dangers to the mother in delayed labor, by showing how the continued pressure of the head on the soft parts is productive of further diminution of the capacity of the pelvis; that inflammation is excited, and at the same time the return of the blood by the veins and of serum by the lymphatics is obstructed; and that this swelling of the soft parts contained within the pelvis may take place although the head be not impacted, while the head can not long be impacted without producing this result." This teaching of Burns was emphasized by Beatty, of Dublin, and Sir James Y. Simpson. Since, many writers have clearly shown the dangers of delayed labor, the risks attending the use of ergot, and how they may be avoided by use of the forceps.

Dr. Emmet, in speaking of the causes of fistulæ opening into the vagina or rectum (Prin. and Prac. Gynecology, ed. 1879), says that of the two hundred and two cases admitted to the Woman's Hospital under his care, one hundred and seventy-one were the result of childbirth. In accidents of this kind, he says, the damage is usually inflicted by the impaction of the child's head; that danger is not necessarily in proportion to the duration of labor, but that it begins after the presenting part has begun to touch the floor of the pelvis, when the head no longer recedes after each pain; that even half an hour of this kind of impaction may cause the most extensive loss from sloughing; that in cases of impaction, danger is greatly increased by the use of ergot; and that in cases of impaction, the women delivered

by means of instruments sustain far less damage to the soft parts than those in whom labor was hastened by ergot or terminated by the unaided efforts of nature. He further says, "I do not hesitate to make the statement that I have never met with a case of vesico-vaginal fistula which without doubt could be shown to have resulted from instrumental delivery. On the contrary, the entire weight of evidence is conclusive in proving that the injury is a consequence of delay in delivery." He also holds that a very important, indirect cause of the accident is a neglect to empty the bladder.

In a discussion in the American Gynecological Society, in 1878, Dr. A. H. Smith, of Philadelphia, said, "In the Philadelphia Lying-in Charity, where between ten and eleven thousand cases of labor had been attended mostly by students who had been instructed to use the forceps early if there was any difficulty, there had occurred only a single case of vesico-vaginal fistula, and that could be readily explained by natural causes."

In an analysis of the statistics of the Rotunda Maternity Hospital, made by Mr. Harper, it is shown when forceps was only used once in 649 cases, one child in 26 and one mother in 329 was lost, the average duration of labor being 38 hours; when used once in 60 cases, one child in 35 and one mother in 502 was lost, the average duration of labor being 29½ hours; and when used once in 26 cases, only one child in 47 and one mother in 1,490 was lost, the average duration of labor being reduced to 16 hours.

Dr. G. Hamilton, of Falkirk, Scotland, has published the results of his vast experience in five series. "In the first the ratio of mortality to the child was one in 317, in which the forceps was used in about every eighth case. The second and third series aggregate 1,147 children delivered alive, with only the loss of one child (a breech-presentation). The fourth and fifth series aggregate 1,500 cases without a *single stillbirth*, the forceps having been used in about one case in five." We may well ask with Dr. Dunster, "Where in the whole range of obstetric literature can we find under the old and so-called conservative prac-

tice a success equal to this? And if by shortening the duration of labor we can secure such brilliant results, with a saving of an incalculable amount of suffering, are not those who oppose the frequent use of the forceps bound to show cause why the practice should not be adopted?"

The question to be settled in any case of delayed labor is, "Which is safer for the mother and the infant, the use of the forceps, or the delay of labor?" The cases reported and the authorities quoted give the same answer, and it would be needless repetition to show that nearly all prominent obstetricians pronounce it correct.

RICHMOND, IND.

FOREIGN CORRESPONDENCE.

My Dear Yandell:

LONDON, April 15.

At last something is being done to put a stop to the unreasonable persecution to which scientific men have been subjected over here through the mistaken zeal of the anti-vivisection society.

A meeting of the leaders of the medical profession was held at the College of Physicians on Tuesday last to consider the best means to employ for this purpose. It can not be said that it is premature. For several years medical men, especially those who have engaged in scientific medical research, upon which the progress of medicine largely depends, have been subjected to public obloquy and unmeasured abuse by persons, many of whom have a social position and a degree of general culture and literary influence which have given importance to their attitude and to their language. It has of late been persistently, loudly, and violently asserted that the practical progress of the healing art is little advanced by experiment upon animals; the noisy declamations of a few persons possessing medical degrees have been accepted as in some way representing the general voice of the profession. Publicists of high repute—lawyers,

military men, peers, poets, and politicians have been drawn in to swell the army enlisted for the crusade against that which all reasonable and educated men know, and are profoundly convinced by their knowledge, their experience, and their daily observation, to have been the basis of the greatest advances of medicine in the past, and to be the surest foundation for its future progress. The existing law imposes restraints upon investigation which have been felt to be irksome, and even destructive of the necessary freedom of research, mainly because the working of the law has been rendered unnecessarily cumbrous and obstructive. This is partly due to misconceptions in the minds of some of the officials with whom the administration rests, and partly, it is presumable, to the impression that public sentiment would approve a very restrictive interpretation of the action of the law. Proposals were made at the meeting by Sir Wm. Jenner, Sir James Paget, and Sir Risdon Bennet, and supported by Professor Tyndall, Charles Darwin, and other eminent men, for forming an association for the promotion of scientific research and to seek to remove any hindrance which may appear to them to be operating adversely to the progress of medical knowledge. The resolutions were passed unanimously, rules were drawn up, and the association inaugurated on the spot.

In the proceedings of the Royal Society there is an account of an antidote for strychnine discovered by Greville Williams and Waters. This is an organic base, first prepared by the former by distilling cinchonine with caustic potash, and to which he assigned the name blutidine. Having ascertained by experiments upon frogs that blutidine causes a distinct increase in tonicity of both the cardiac and voluntary muscular tissues, also retardation of the heart's beat, that it arrests the inhibitory power of the vagus, and that by its action upon the nerve-cells of the spinal cord, it in the first place lengthens the time of reflex action and then arrests that function; they proceeded to test its direct counteraction to strychnine. The brains of frogs were destroyed in the usual way. An animal was then treated with

blutidine until reflex action disappeared, when the subsequent administration of strychnine was not followed by the usual results. To another frog strychnine was given until strychnine-tetanus was produced, when it was found that the subsequent administration of blutidine caused the tetanus to pass off. The almost simultaneous administration of the two bases was not followed by tetanus. The results of these experiments are most promising, and it is to be hoped that the fanaticism of the anti-vivisectioning portion of the community will not be influential in preventing the use of blutidine in practical toxicology. We hope to hear of experiments on animals whose brains have not been destroyed.

A number of cases of acute traumatic malignant diseases, collected by Dr. Walker, of Lowestoft, are published in the *British Medical* for this week. As there has been considerable discussion of late on this subject, I will quote one or two of the cases given.

CASE I. Mr. H., a master mariner, aged fifty-three, was always healthy till fourteen weeks before death, when he was struck violently in the right hypochondrium by the shaft of a cart. The blow felled him, rendering him insensible, and it was some time before he could be removed to his own house. Here he was laid up for two days, and though feeling "very sore and ill," he then started in his ship on a trip to Sunderland. During the voyage he was in much pain, and on his return to Lowestoft was again laid up at home. Feeling better after some rest, he took another voyage, but was so ill that he had practically to give over the command to his chief officer, and when he returned, to place himself under a doctor's hands. His symptoms were frequent vomiting, complete loss of appetite, and intense pain in the region of the liver, shooting across the epigastrium. He was much bruised and very tender. I saw him on his return to Lowestoft, and he was then very ill, with a high temperature, thirst, constant vomiting and wasting. On examining the abdomen I found there was still some remaining sign of the bruise, discoloration, etc., and he was extremely tender all over the

region of the liver in front, the tenderness extending over the left hypochondrium and down nearly to the navel. I could not detect any sign of enlarged liver, but there was some jaundice, with pale stools and constipation. A fortnight later his condition becoming gradually worse, a well-defined hard and tender bossy mass with rounded edges, under which the fingers could be passed, was found projecting below the ribs (at a point which would be intersected by a line drawn perpendicularly from the anterior superior spinous process of the ilium), and extending well into the left hypochondrium. This mass, which was taken to be the liver, extended downward and to the left side till it filled the abdomen in front to a level with the umbilicus. Its extreme hardness and the constant presence of sharp, lancinating pain, together with the cachexia which accompanied it, led to a diagnosis of malignancy, which was confirmed by an eminent consultant. Toward the last week of his life the patient vomited a quantity of blood containing pyriform and oval multinucleated cells. After the last hemorrhage the patient died exhausted. I could get no post-mortem examination, but there was no doubt in the minds of three medical men as to the nature of the disease. It was believed to be carcinoma of the liver, invading the stomach secondarily. There was no history of malignancy in the family, though several members had died about the same age as my patient. No history of dysentery or syphilis was attainable. The patient never recovered the effects of his bruise, had not complained before, and died fourteen weeks after he received it.

CASE II. Mr. F., a farmer, was out shooting, and while he was trying to force his way through a hedge a thorn penetrated his trousers and wounded his prepuce, causing blood to flow. He took little heed of it at the time, but a few days later, feeling some heat and uneasiness, he found swelling and irritation about the wound. This rapidly increased and he then consulted a medical man, who advised certain remedies. The penis grew worse, and the whole glans presented a mass of carbuncular hardness in a short time, and was very painful. An incision

giving no relief, and suspicion being confirmed on consultation, amputation was performed, and the growth proved to be epitheliomatous. This was only a few weeks from the date of injury.

I had a very similar case to the last at the Lock Hospital. I circumcised a man, aged about thirty-two, last September, using horsehair sutures. At that time he had phimosis, with sores of the free border, and balanoposthitis. Three days later I removed the sutures. Six days from the date of operation he left the hospital, the wound having entirely healed except in the situation of one of the sutures. Three months later the man returned with a doubtful sore in the situation of the suture. In a few days this had developed, so that there could be no doubt about its being epitheliomatous. Amputation was performed. I have not seen him since.

An association is now formed for the protection of scientific men against anti-vivisectionists and the like. It is to be hoped they will before long raise the standard for a crusade to free our London hospitals from the rule, or rather the misrule, of lay governors. These men are, as a rule, old city men who have taken up philanthropy as a hobby, men utterly devoid of any scientific education. A recent election for the post of assistant surgeon to St. Bartholemew's Hospital lay between two candidates; one of them was strongly supported by the staff of the hospital as being the better surgeon of the two; the other was the son of a man who had made a pile as a potato merchant and earned the cognomen of "Mealy." The electors consisted of the staff, numbering at the outside a score, and the lay governors, who were over a hundred strong. The lay governors being friends of old "Mealy," voted for his son, who thus came out at the head of the pool by a large majority. Now, though we believe that old city aldermen competent to give a trustworthy opinion, in consultation over turtle soup, turbot's fin, and the like, yet we can not see in what way they can be competent to balance the merits of one surgeon with those of another. They have not seen them operate, and if they had, they would not be any the wiser; yet with such men rests the power to elect can-

didates for the responsible post of staff officers to the hospitals and charitable institutions of our metropolis. In their hands is the life and death of the poorer portion of our population.

A month ago Mr. Jonathan Hutchinson published some clinical remarks on fracture of the patella, maintaining that the separation of the fragments depends upon effusion, which "may be of blood, or it may be of synovia, or perhaps most commonly of a mixture of the two." Mr. Christopher Heath, writing to the *British Medical* last week, fully agrees with Mr. Hutchinson in this view, and says that he has carried the treatment in these cases even farther than Mr. Hutchinson seems to have done, for he does not hesitate to aspirate the knee-joint both in fracture of the patella and injury to the joint without fracture, thus demonstrating that the contents are principally blood during the first few hours, and blood mixed with synovia later on. If a knee-joint be aspirated within a few hours of the accident, the blood is still fluid and can be readily withdrawn, but if allowed to coagulate within the joint, the case must necessarily be a tedious one, for, as Mr. Hutchinson remarks, "blood is more slow of absorption than synovia."

Having emptied the joint, or, better still, having the patient in charge before the effusion takes place, Mr. Heath applies at once plaster-of-paris bandage over an envelope of cotton wadding, and to make the patient get about as soon as the plaster is dry. Mr. Hutchinson, however, keeps the patient in bed for six weeks, from which atrophy of the quadriceps may be anticipated, whereas Mr. Heath considers that if the patient be about in a few days with stick or crutches, the muscles maintain their tone.

A somewhat rare dislocation is reported by Dr. Benson in the *British Medical*. A boy, aged ten, was brought to him, having fallen off a gate and "put his elbow out." On examination, less than an hour after the accident, the head of the radius was found protruding directly backward. The skin, tightened over it, allowed its shape and size to be distinctly made out. The forearm was slightly flexed on the arm; the power of pro-

nation and supination of the hand was lost. Reduction was easily accomplished by pressing the displaced head forward, the bone returning to its normal position with a slight snap, and leaving the contour of the joint in all respects similar to that of the opposite side. There was little or no swelling, flexion and extension of the forearm on the arm were now easy, pronation and supination were possible but painful. The boy a fortnight after was able to make all the movements without pain and with very slight discomfort. Dislocation of the head of the radius backward uncomplicated by other displacement at the elbow-joint is said by the books to be very rare.

Two cases are reported by Dr. Main in the *British Medical Journal* from a Manchester Hospital, of typhus fever, coexistent during the latter part of its progress with scarlet fever. The rarity of the combination is perhaps of sufficient importance to make the cases worthy of record.

A father and two sons were lately admitted to the fever hospital suffering from typhus fever of a very severe type. The father died, but the two boys have since recovered. In both the boys' cases the fever, during the latter part of its course, was of rather an erratic nature, and convalescence was somewhat protracted. On making a cursory examination, says Dr. Main, I was rather surprised to find distinct evidences of desquamation. This led me to examine the tongue, which had the strawberry appearance peculiar to scarlet fever. Afterward desquamation in both cases became general.

There can be no mistake, says the writer, that scarlet fever must have supervened during the latter part of a course of typhus, causing the fever to diverge from the normal, and protracting convalescence. The source of the infection was easily traced, as the nurse who was attending these patients had also two scarlet-fever wards under her charge.

At the last meeting of the Clinical Society, Mr. Warrington Howard read the notes of a case in which he had performed splenectomy. The case was favorable for operation, as the woman had no disease except the very rapid growth and enlarge-

ment of the spleen. The hypertrophied organ was removed through an incision extending nearly from the ensiform cartilage to the pubes. The woman died, however, a few hours after the operation.

This led to a general debate as to whether the removal of the spleen was a justifiable operation, but no particular conclusion was arrived at. Some cases have recovered after the operation. Dr. Marcet proposed ligature of the splenic artery; he related the particulars of the case of a dog whose spleen was removed about thirty years ago. The dog lived subsequently for several months without being in the least inconvenienced by the loss of his spleen, and finally died from another cause altogether.

ABSTRACTS OF PAPERS READ BEFORE THE KENTUCKY STATE MEDICAL SOCIETY.

ON CEREBRO-SPINAL MENINGITIS.—By J. A. LARRABEE, M.D., Louisville.

I propose to give the outlines of a single case of cerebro-spinal meningitis, premised with the statement that the case is typical of six others which recently occurred in my own practice. To these I will add a few remarks. I saw, as consultant, some other cases in the practice of neighboring physicians.

B., aged two years, was seized January 27th with high fever, marked restlessness, and slight cough, for which I prescribed simple fever-mixture. The bronchial symptoms soon subsided and the temperature fell to a maximum of 99°, notwithstanding which the nervous symptoms persisted, and on February 2d there was general hyperesthesia, cephalic cry (dry eyes), rolling of the head, uncertain muscular action, tremblings and giddiness, constipation, no vomiting, pupils equally dilated, lower extremities respond to irritation, no voluntary motion. Opisthotonic symptoms set in and soon became marked. Gave minute

doses morphia and full doses of conium. Things continued with but little change for the following thirteen days. Complete insensibility to all external impressions; frozen-fish condition of muscles of neck and extremities; medication, properly so called, suspended. Nourished by beef tea and milk, but with great difficulty, owing to condition of muscles concerned in deglutition. Heart's action feeble; pulse too frequent to count, sometimes imperceptible at wrist.

Two days later pulse reduced in frequency; better volume; respiration more frequent; patient uttered a peevish cry. Next day arms much relaxed; tears flowed with cry. Temperature, which has been for two weeks very uniformly at 100° , rises to 103° ; apex of right lung found consolidated; applied poultice; muscles of neck relaxed sufficiently to allow of head being turned to either side. Two days later patient recognizes objects; ordered friction, with oleate of mercury over chest and abdomen; cough becoming troublesome; regarded as a good omen. The bronchial whiff over apex has given place to the moist râles. At the end of four other days patient opens mouth when food is offered. Suspended inunctions, and gave iodide potash and muriate of ammonia. April 5th, patient fully recovered, though for a time she was unable to pronounce certain words.

It will be observed that while cerebral or cerebro-spinal symptoms are common in infantile pneumonia, particularly in apex or croupous pneumonia, as well as in the teething or bronchial form of so called catarrhal pneumonia, the cases to which I have directed attention are manifestly different, and an inflammatory condition of the cerebro-spinal axis plainly existed. Therefore, the term cerebro-spinal meningitis of a pneumonic form, as suggested by Weber, is strictly proper. The etiology is in an atmospheric poison dependent upon cold, dampness, and bad ventilation, and is allied to, if not indeed identical with, that which produces rheumatism.

In these cases there is no regular order of sequence either in the seizure or progress of the disease. The pulmonary symp-

toms may lead for days or a week before encephalic symptoms begin, or the cerebro-spinal axis may be so profoundly affected by the blood-poison at the start that the pulmonary symptoms, if present, are obscured, to perhaps in time come again to the surface, and run the ordinary course of pneumonia.

The cerebral and spinal disturbances are not in these cases a mere functional sympathy through the medium of the circulation. The similarity between cerebro-spinal fever and rheumatism is still further corroborated by the benefit which has attended the use in my hands of the salicylates. Nearly all the cases I saw as consultant and all the cases occurring in my own practice recovered. Much of this success I believe to be due to the application of water, either hot or cold, as the circulation seemed to demand, made to the head and spine through the rubber tubing.

ABDOMINAL SECTION VERSUS CRANIOTOMY.*—By WILLIAM H. WATHEN, M.D., Louisville.

While more has been done in Great Britain than in any other country to improve the methods of operating in abdominal surgery, statistics show that British surgeons have been peculiarly unfortunate in abdominal section for the removal of the fetus; resulting in the cure of but $18\frac{3}{4}$ per cent in hospital operations, and only 18 per cent in private operations. In view of this appalling mortality, it is not strange that most English authors upon obstetrics should teach "that the cesarean section is not indicated unless there is such defective proportion between the child and the maternal passages that even a mutilated fetus can not be extracted, and that the abdominal section should be a *dernier ressort*." But we can not understand why English obstetricians have not adopted in their practice the Poro or Poro-Müller operation, which has been productive of such happy results in France, Austria, and Italy. In the hospitals of Milan, Vienna, and Paris, the Poro method has saved nearly 50 per cent, where formerly nearly every case had

*The statistics I use are taken mainly from those so carefully collected and corrected by Dr. Robt. P. Harris, of Philadelphia.

proved fatal after the cesarean section. Were Great Britain to adopt the new operations for abdominal section and practice them with the care that has enabled Keith and Tait to reduce the mortality in ovariectomy to only 3 per cent, the results would be far different from those of the past. The Poro operation in Italy has saved in all cases $34\frac{1}{2}\%$ per cent against 25 per cent in the cesarean section, and has saved in all countries $41\frac{2}{3}\%$ per cent. Had all these operations been timely or operations of election, the success would doubtless have been much greater; but many of them were performed on women in bad health, or upon women who had been in labor until nearly exhausted, the operation being performed as a *forlorn hope*. If we exclude from the sixty-seven Poro operations the almost hopeless cases and consider only the timely operations, or those cases where the prognosis was not unfavorable, we have but thirty-one cases, resulting in twenty-one recoveries. France, Austria, and Italy should be encouraged in their success in the Poro operation, and congratulated upon its adoption and substitution for the old method. The comparative success of the new operations is such as to justify us in substituting them in most cases for the cesarean section in all countries, unless it be in some parts of the United States. With us the necessity for the change is not so urgent, as we have had in cesarean section in America a success of $41\frac{2}{3}\%$ per cent in all cases, and in the early operations, of 75 per cent. Yet we should certainly adopt the new operations in hospital practice, since the four operations done up to this time in hospital were all fatal. It would also be well to try the Poro or Poro-Müller operation in cities where success has been only $33\frac{1}{3}\%$ per cent against $62\frac{1}{2}\%$ per cent in country practice; and there is no reason why the new operations should not, if adopted in this country, increase our success in the same ratio they have abroad. In New Orleans the mortality of cesarean section has been 75 per cent; and in the State of Louisiana, only $12\frac{1}{2}\%$ per cent.

It would probably be unwise to adopt any of these operations as a fixed rule. Let the locality and the condition of our patient

guide us in our choice, practicing either cesarean section, the Poro or Poro-Müller method, or laparo-elytrotomy, as may be indicated. Laparo-elytrotomy has saved in this country 50 per cent of mothers and 50 per cent of children.

In no country has abdominal section been an operation of election, except in some cases in the United States. It has generally been performed as a *last resort* upon patients so exhausted as to make recovery next to impossible. To arrive at any correct estimate of the probable mortality of abdominal section *per se*, we must consider only those cases of election. In the timely operations in the United States the loss has been but 25 per cent of all cases, and the results of future operations will doubtless be even more encouraging. I feel safe in the assertion that if the profession of the United States were educated to perform abdominal section as an operation of election, the mortality would not exceed 20 per cent; probably not 10 per cent. In the early operations 82 per cent of children have been delivered alive, and in all operations nearly 50 per cent. In fact, in early operations 90 per cent of children should be saved.

The success in double operations has been even more encouraging. In all North America there have been nineteen double operations on nine women with but three deaths; and statistics show one hundred and nineteen multiple operations on forty-eight women with only eight deaths. We should not be governed entirely in performing abdominal section from the success as shown in the old statistics, nor from those recently collected, for the reason that the methods of performing abdominal surgery are improving so rapidly that we may expect successful results far greater than in the past.

With these encouraging facts before us, would it not be well to stop and inquire if we would not be justified from a scientific as well as from a moral view to exclude and abolish that most cruel operation by which the life of the child is intentionally sacrificed? Unfortunately the statistics of craniotomy are meager; but Churchill's statistics show a mortality of 20 per cent in all cases, and Parry's a mortality of $37\frac{1}{2}$ per cent where the con-

jugate diameter does not exceed two and a half inches. Granting that the mortality of abdominal section performed timely would be something greater than that of craniotomy, which I very much doubt, we would then not be justified in adopting the latter, for the child has some rights that must be protected; it should never be sacrificed to protect the mother against a risk which is but little greater. Bedford, Radford, Baudelocque, Weidemann, and most of the continental obstetricians have held "that to mutilate a living child to avoid abdominal section is the offspring of ignorance and inhumanity." This severe criticism is applicable more especially at this time, and particularly so in the United States, where success in cesarean section has been so encouraging. There are few persons of any decided experience in obstetric practice who are not acquainted with instances in which, after the physician had decided that craniotomy was indicated, the mother, by the unaided efforts of nature, gave birth to a living child. Doubtless there are hundreds of children destroyed annually that might have been born living without the assistance of a physician. The profession should be educated to regard the fetus as a perfect human being with rights no less than the mother that must be protected.

In conclusion, let me urge abdominal section as an operation of election, avoiding craniotomy on a living child, or on a dead one where the antero-posterior diameter of the inlet does not exceed two inches. By the general observance of this rule, performing abdominal section timely, availing ourselves of the latest and best improvements in abdominal surgery, the profession would enter upon a new era, the success of which would exceed the most sanguine hopes. Nothing could be more encouraging than the success in the double operations in all cases that have been reported, the mortality being only $6\frac{8}{11}\frac{4}{9}$ per cent. Most of these were operations of election, and represent more accurately than any other statistics what would be the probable mortality in all cases of abdominal section were the operation performed timely.

DISCUSSION.

Dr. D. W. Vandell said he wished to suggest that there is nothing so deceptive and untrustworthy as a small number of statistics. Statistical medicine is only valuable when the statistics reach certain proportions, and then only when their source is reliable and all the cases are reported. "For instance," said he, "I know a surgeon who has been uniformly successful in ovariectomy. He had a single case. That got well. I know another living in this city who is reported to have been uniformly unsuccessful, scoring twenty-six deaths and not one recovery. Put the two figures together and you have less than four per cent of recoveries. He who bases conclusions on a small number of statistics can not make reliable deductions. In collecting the statistics of success in the treatment of acute tetanus some years ago the wonderful success of thirty-nine per cent, which appeared from published reports, I found dwindled to absolutely nothing, not one case recovering in the long and ghastly list of unpublished cases. The whole question, as it relates to America, has the taint of this suspicion, to wit, that successful cases alone are reported, those which are unsuccessful never seeing the light. The European cases, regardless of result, are all reported; hence the frightful mortality. Therefore I think the essayist a good deal too positive in his advice to perform the operation, and a little too "previous"—to use a street phrase—touching the success of such operations. I scarcely know an unsuccessful case of cesarean section reported in a medical journal in the last five years; and yet does any one doubt that there has been case after case of unsuccessful cesarean section done? The question which Dr. Wathen raises of timely operations is an important one, but it is not yet settled by statistics even that operations which are done earlier are attended by unmistakably better success. Therefore I would urge upon him to be exceedingly careful and draw it very mild. And especially I beg that he will not picture the operation as of such easy execution and the success following it so great as to induce the less experienced of his hearers to undertake it until after long and careful preparation. Mr. Keith said that obstetricians were not the best men to do ovariectomy. That to do ovariectomy thoroughly well required a man who was constantly engaged in surgical work—who did a lot of surgical work, and the same must be true of abdominal section for the purpose suggested by Dr. Wathen."

Dr. Wathen agreed with Dr. Vandell as to the unreliability of statistics when limited and unauthentic, and stated that the statistics he brought forward had been corrected on the basis which Dr.

Yandell had employed in correcting his statistics on tetanus. We find that a certain rate of mortality attends cases even of premature labor, and of course it must be expected that a certain amount of mortality will follow this procedure. The statistics of mortality in premature labor we do not consider as exact, and so with this we have arrived at conclusions about as accurate as we reach in other operations.

A REPORT ON DERMATOLOGY.—By L. P. YANDELL, M.D.,
Louisville.

The author, after glancing at the present status of the therapy of skin-affections, formulates his own creed touching the matter of therapeutics in general in terms about as follows:

1. The causes of disease are but few though the manifestations of disease are multiform.
2. The chief factors of disease are malaria, scrofula, the catarrhal poison (commonly called cold); the alcoholic, rheumatic, gouty, and scorbutic poison; the contagious and infectious poisons; the mineral and vegetable poisons; improper and insufficient food, light, air, and clothing; the animal and vegetable parasites, and the traumatisms.
3. Most of what are called diseases are but symptoms of disease, local manifestations of systemic empoisonment or derangement.
4. Disease should be treated with reference to its cause rather than with reference to its local or special manifestations—bearing in mind, of course, that there are certain remedies which possess peculiar regional or functional power, such, for instance, as the hypnotics, the anodynes, the anesthetics, the excito-motors, the depresso-motors, the constructives, digestants, the cathartics, etc.
5. It matters not how disease manifests itself, whether in the form of an erythema, a macula, or a pustule; internally or externally; as pain or paralysis; by anemia or plethora; by atrophy, or by hypertrophy; in the skin or in the periosteum; in the blood or in the brain; in a word, no matter where the morbid manifestations present themselves, almost invariably the proper course of procedure is to seek the cause, and having found it, to administer the antidote. In illustration, for

malaria we use antiperiodics and tonics; for scrofula, constructives and tonics; for syphilis, mercury and the iodides.

6. Most of the contagious and infectious maladies are only avoidable by isolation or disinfection, are uncontrolled by drugs, but are self-limited, and in general terms tend to recovery.

7. The only scientifically preventable contagious disease is variola, unless diphtheria, erysipelas, and puerperal fever be preventable, and I am almost convinced they are by quinia and iron.

8. The only curable contagious disease is syphilis, unless diphtheria, erysipelas, and puerperal fever may be added.

The author then claims that many diseases commonly deemed incurable are entirely curable under favorable circumstances in the majority of cases, and among these he cites for illustration phthisis and epilepsy, ichthyosis and psoriasis, foliaceous pemphigus and pityriasis rubra.

Dr. Yandell concludes his report with the remark that he speaks after twenty-five years of clinical study and practice, and simply asks that he be understood and the practice he inculcates be given a fair trial.

THE CARCINOMATOUS METAMORPHOSIS.—By A. W. JOHNSTONE, M.D., Danville, Ky.

In the winter of 1880 and '81 I had an opportunity of examining five lymph-glands, three of which showed that there were several stages in the formation of cancer. The first was from a man, aged forty-eight, on whose prepuce a few small nodules had grown. The penis was at once amputated; but six months after two lymph-glands, one the size of a hazelnut and the other as large as a pea showed in the right groin. These were extirpated, and at the end of two years the patient remained perfectly well.

The second specimen came from a man, aged forty-two, who had a cancer of the throat that bled so freely as to necessitate the ligation of the right carotid. This was followed by excision of the tumor and the removal of an enlarged lymph-gland from the posterior maxillary region. The man died soon after. The

post mortem revealed several abscesses in the lungs and some yellowish nodules in the liver and kidneys, which proved to be secondary cancer in its earliest stage of development.

The third specimen was derived from a man, upward of fifty years of age, who a year before was operated on for cancer of the skin of the left leg. Shortly afterward a number of new tumors arose, and the lymphatics of the groin began to swell. These new growths, as well as the lymphatics, were removed.

A woman, of unknown age, who was operated on for cancer of the breast in 1875 furnished the fourth. A few of her indurated lymph-glands were taken from the axilla.

The fifth and last specimen I removed from the foot of a lady which the microscope showed to be a rapidly-growing carcinoma. The first three specimens contained all the stages of invasion, but the fourth showed nothing but the fully-formed cancer-tissue.

The transmission of cancer from a primary focus to the adjacent lymph-glands is probably done by a transportation of the epithelia of the cancer through the lymph-channels to the ganglion. While this would not warrant the denial that the fluid portion of the lymph coming from cancer (the so-called cancer-juice) does not transmit the infection, we are sure that cancer epithelia are carried and lodged in the lymphatic glands. In the first three specimens I was able to trace the changes leading to the formation of cancer-tissue. The first stage was manifest in that part of the gland where no natural fibrous trabeculae separated the healthy from the diseased tissue. This consisted in a gradual melting down or running together of the lymph corpuscles which formed a large multinucleas protoplasmic mass, the so-called myeloplaces. I can not doubt that they spring from the confluence of the lymph corpuscles in all their different stages of development, as well as from the mucous threads that are their matrix. The author referred, in confirmation of this view, to Zeigler's experiments on rabbits.

The process of confluence of formerly separated corpuscles is splendidly shown in the earliest stages of a growing cancer.

Not infrequently the cancer-nests in the midst of lymph-glands exhibit concentric onion-like layers of epithelia, which in all probability are the result of pressure from the contraction of the surrounding connective tissue. In the center of a nest we often see epithelia undergoing fatty degeneration. Sometimes it has gone to such an extent that a fat plug is produced, the so-called cancer-pearl, which is surrounded by flattened out horny epithelia. I discovered this concentric arrangement in the first three cases, but the fourth exhibited a fibrous frame inclosing irregular almoli filled with large granular epithelia, but without any regularity of position. This is generally known as medullary cancer, the other as epithelioma.

The essential points in this study of the lymph-glands are that their invasion by cancer shows itself first by the melting together of their components, and by this means forming large protoplasmic masses. These in turn by the formation of the cement substance split up into polyhedral epithelia, which in groups become ensheathed by vascularized connective tissue, and thus give rise to cancer-nests.

The study of the fifth case, which I have already said was that of a rapidly-growing primary cancer of the foot, drove me to the conclusion that almost exactly the same state of things is going on in cancer wherever it is found. Far along the edge of the freely-formed carcinomatous tissue we saw others that showed all the changes that I have just described. I was also convinced by this study that the infiltration of round corpuscles which is always found surrounding a carcinoma is really a part of the metamorphosis and not an inflammation caused by the irritation of the growth, as has been taught by some. They are exactly the same thing histologically as the lymph corpuscle, and it is by their fusion that the myeloplaces are formed. Thus, I think, we are warranted in saying that they are but a step of the fixed-tissue corpuscles in their retrograde metamorphosis to the fetal tissue from which the fully-grown cancer-nests spring.

Dr. Johnstone concluded with the following practical suggestions, which all surgeons will heartily indorse: "In all opera-

tions on carcinoma, make a clean sweep of all tissues that seem infiltrated in the slightest degree, for if all the completed cancer-tissue be removed and yet but the very smallest portion of this infiltration be left, the most dangerous part of the whole growth, that which is still progressing, will remain."

ON THE USE OF IODIDE OF POTASSIUM IN PREVENTING RECURRING ATTACKS OF PNEUMONIA.—By S. J. RHOADES, M.D., South Carrollton, Ky.

That one attack of pneumonia begets a susceptibility for the second attack, and the second attack increases this susceptibility for the third attack, and so on until some patients rarely pass a winter without having pneumonia, is a fact of general observation. The clearest and most distinct allusion to this tendency of pneumonia is contained in Woods's Practice of Medicine, article on Pneumonia, fourth edition.

The author says, "Some persons have a peculiar tendency to the disease, without any known cause, and suffer from repeated attacks." The unknown cause here mentioned, I maintain, is nothing more than the susceptibility engendered by a previous attack of pneumonia, which first attack was induced by some of the ordinary causes of the disease.

These recurring attacks of pneumonia form a large percentage of the cases, a much larger percentage, I believe, than most practitioners would admit, unless their attention has especially been directed to this subject.

Can any thing be done to prevent this recurrent pneumonia? forcibly suggested itself to me early in my career. I conceived the rationale of these cases to be that there remains after an attack of acute pneumonia a condition of subacute congestion, the tissues ready to light up into an active inflammatory process on the least provocation. To relieve the patient of this diseased condition would be to relieve him of this subacute congestion of the tissues. The iodide of potassium suggested itself to me as being peculiarly the remedy to effect the desired ends, and in repeated trials of it since it has rarely, if ever,

disappointed me. Indeed I am as thoroughly convinced of its usefulness in this respect as I am of that of quinia in malarial diseases. I seldom now treat a case of pneumonia without adding in a supplemental way a prescription something like the following:

R Iodide of potassium, ʒ iv;
Water, ʒ ij;
Comp. syrup of sarsap., ʒ iv.

M. One teaspoonful every four hours during convalescence.

As a result of this treatment I have observed a decided falling off of pneumonia cases in my practice.

The author then reports two cases as illustrative of the good effects of this mode of treatment.

THE OPHTHALMOSCOPE IN DISEASES OF THE BRAIN.—By W. CHEATHAM, M.D., Louisville.

After noticing the theories of choked disk as advanced by Benedikt, Græfe, and Schmitt, and describing at some length the causes and symptoms of the affection, the author says, "It has been my lot to see a great many cases of optic neuritis from basilar meningitis, intracranial tumors, blows on head, and periorbitis of base of skull.

"The first-mentioned—basilar meningitis—is a frequent cause of inflammation of optic nerve. In its acute form a diagnosis of the trouble is very easy, but when in the chronic, slow, and insidious form, there are frequently no well-marked symptoms. The ophthalmoscope here will be of considerable service in making a diagnosis.

"Intracranial growths almost always produce optic neuritis. I have histories of several such cases, one of which I have before written of, but which has always been of great interest to me, for the reason that the growth was on the same side as the hemiplegia. While house-surgeon of the Manhattan Eye and Ear Hospital, New York, Dr. E. C. Seguin requested me to examine a little patient for him, in which he had diagnosed tumor of the brain. I found well-marked choked disk, each eye,

vision zero, hemiplegia right side. The little fellow died a few days after the examination. I was present at the post mortem; we found a growth about the size and shape of a large almond situated in the right temporal region.

"Another case, a young girl, was sent to me from Kansas, with total loss of sight. I found pupils dilated and fixed. Stauung's papilla, or choked disk. Child's intellect not impaired. These, with other symptoms, pointed to tumor of the brain. I gave an unfavorable prognosis, advising them to hurry home as quick as possible. The child died before reaching home. Several other such cases are on my records.

"Only a short time ago I was called in to see a young lady who had an attack of what the doctor called brain fever, the result of using a face-powder containing a large quantity of lead. I found total optic-nerve atrophy.

"I have seen many cases of optic neuritis the result of brain-syphilis. One of the most marked was in the person of a very dissipated young man, who had had the primary lesion some years ago, and had been told by his physician that he was surely cured. When he came to me vision of left eye was only perception of light. Ophthalmoscope revealed a tremendously-swollen optic nerve. He had unmistakable symptoms of involvement of brain. He was put on mercurial baths, with strychnia nit. hypodermically. In four months his sight was perfect. It was quite interesting in this case to watch the recession of the eye-trouble—the swollen optic disk and the retina—as the symptoms of the brain-trouble faded away. I could fill many pages with the histories of cases of brain-syphilis with optic neuritis.

"In fevers and diseases of the nervous system retinal hemorrhages indicate either compression of the brain by a copious effusion, the hemorrhagic diathesis, cardiac obstruction to the cerebral circulation, or changes in the cerebral and retinal vessels caused by chronic albuminuria, glycosuria, syphilis, and leucemia. Miliary tubercles of the retina and choroid show tuberculosis of the brain or meninges. Lastly, in nervous diseases atrophy of the disk or sclerosis of the optic nerve always indi-

cates a disseminated sclerosis of the brain or of the anterior columns of the cord.

"I had a case of choked disk some years ago in the person of a boy six years old, the result of a fall from a fence a few feet high, striking on the back of his head. About two weeks after the fall it was noticed that he stumbled over chairs and ran against different objects in a room. He had a staggering gait, suffered from headache, and some nausea. Under treatment his general condition improved greatly, but the optic nerves went on to total atrophy.

"Among the post-mortem changes observed in cerebral diseases with optic-nerve complications it may be stated that in some the corpora quadrigemina were found completely destroyed. In another a large apoplectic clot was found in the left middle lobe. In a third a tubercle pressed into the substance of the corpora quadrigemina. In many, tumors of the different portions of the brain have been found."

STRICTURE OF THE RECTUM.—By J. M. MATTHEWS, M.D.,
Louisville.

First, as to its cause, Dr. Matthews believes syphilis paramount even to cancer, and that it causes stricture as it causes its other tertiary manifestations, and not by any accidental deposit of chancrous pus upon the mucous membrane. Arising from either cancer or syphilis he thinks it does not much matter, as in either case he regards the affection as almost hopeless of any permanent cure. The indications for treatment are palliative, and for this purpose are recommended generally: 1. Laxatives; 2. Dilatation by bougies; 3. Partial division by knife; 4. Divulsion; 5. Complete division; 6. Extirpation; 7. Colotomy. Dr. Matthews states the objection to laxatives as self-evident. His objection to bougies consists in the fact that to do any good they must be used too frequently; so frequently in fact as to cause ulceration, thus resulting in more harm than good. He objects to partial division because complete division is just as easy and much more effective. He objects to divulsion on

account of the dangerous shock and hemorrhage which sometimes follow. He objects to extirpation because it is very rarely practicable; to colotomy because it is too formidable an operation to be undertaken for mere palliation, and when successful, too disgusting in its results to even be considered. Altogether he favors *complete division*.

DISCUSSION.

Dr. L. P. Yandell recognizes scrofula also as a cause, and states that it has been his fortune in two or three cases, who were previously treated on the supposition that they were of syphilitic character, to bring about a condition of comparative ease, even of comfort, by the use of bougies for dilatation, and the use of the syrup of the hypophosphites, cod-liver oil, etc. Even when the fibrous condition has been reached, Dr. Yandell thinks properly-directed anti-syphilitic treatment will sometimes produce absorption.

Dr. Ochterlony called attention to the fact that traumatism may be ranked as a cause.

EIGHT OVARIAN TUMORS.—By D. W. YANDELL, M.D., Louisville.

Dr. Yandell exhibited specimens of ovarian tumors, eight in number, removed during the last year. He stated that he had opened the abdomen in one other case, but finding, as had been previously diagnosed, that the tumor was malignant, and so excessively adherent to the abdominal walls that it could not be detached at any point, he simply closed the wound, which quickly united, giving rise to no trouble. The youngest patient was twenty years old, the oldest was sixty-eight. Three of the tumors were what Mr. Keith calls "simple things;" that is, without adhesions. In three of them the adhesions were extensive and troublesome. In two the adhesions were something fearful. The two last cases died—one from shock really, for the woman never rallied. The patient was a feeble old maid sent me by Dr. McCormack, of Bowling Green, and was operated on when she was almost in extremis, as giving her the only chance for life. The other fatal case died of septicemia on the fifth day. In this, too, the adhesions were enormous—to liver, mesentery, and all about the pelvis. The operation occupied nearly two

hours. Upward of fifty ligatures were used, yet the patient did well until the third day. "I think that toward the close of the operation I grew over-tired and did not proceed as carefully as I might have done; was not as particular as I should have been, and thus perhaps, indeed pretty certainly, myself contributed to the unfortunate result. Another case has this point of interest: The oldest patient was enormously anasarcaous when the tumor was removed. It seemed to me as if all the serum which had accumulated in the areolar tissue escaped right into the abdominal cavity as soon as I lifted the tumor out. I could scarcely sponge it out as rapidly as it ran in, and after sponging and sponging till I grew tired I was compelled to leave the peritoneum wet. The amount which subsequently escaped by the drainage-tube was very great. The old lady did well in spite of it all, however, and on the twelfth day was sitting up. At this time there was a family row in her room due to the presence of a drunken son. The patient fell literally into a mortal terror, was immediately seized with a profuse and uncontrollable diarrhea, which carried her off that night. Three of the cases were treated antiseptically, and these all recovered. In two of them the temperature rose to 101° the first twenty-four hours. Five were treated without antiseptics. In the three of this class which recovered the temperature never exceeded 100° . Of course in the fatal cases it rose. The pedicle was returned into the abdomen in all. Drainage was used in five of the cases."

COLOR-BLINDNESS.—By M. F. COOMES, M. D., Louisville.

Dr. Coomes exhibited an instrument for testing the perception in such cases. The instrument consists of an eight-sided cylinder, each side of differently-colored glass placed within a cylinder having an opening in the side corresponding in size with one of the glass sides of the inner cylinder. The person to be tested is to be placed at a distance from the apparatus, and as he looks the inner cylinder is made to revolve, bringing the different glasses between a lamp placed inside of the cylinders and the open space in the side of the external brass cylinder.

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OBSCURE BRAIN-LESIONS.—By A. H. KELCH, M. D., Louisville.

Omitting anatomical considerations, and the character of the lesions most frequently presenting themselves in this situation, the writer stated that syphilis oftener than any other constitutional cause is the basis of adventitious products in the brain. He maintained that the disturbance of special senses depends entirely upon the seat of morbid products in the brain, and not their character; that the manifestation known as "choked disk," about which there is so much diversity of opinion, occurs as a result of any condition which interferes with the circulation of the blood in the optic artery, from its origin between the nates and testes to its distribution to the disk. "In all the adventitious products or morbid processes, whatever be their character, which involve the tissues in immediate contact with the optic artery, at any point from its origin to its distribution, and which make pressure upon the walls of the optic vein, hyperplasia of the meninges of the optic nerve, of the thalamus, adventitious products in any part of the thalamus, in the roof of the fourth ventricle, in the olivary or dentate bodies, as well as in many other situations will determine the condition called choked disk, which is simply a serous infiltration or edema of the optic papilla, and as is the case in other infiltrated structures, inflammatory changes soon occur, finally terminating in atrophy. Thus it appears certain that the condition described as 'choked disk' can not reasonably be regarded as symptomatic of any peculiar form of intra-cranial disease."

DISCUSSION.

Dr. L. P. Yandell called attention to the fact that in cases of syphilitic deposit in the brain, even though it may have caused destruction of tissue, restoration may take place by the redevelopment of the nervous tissue. It is well known that after section of a nerve in obstinate neuralgia it frequently grows together again, and thus reestablishes the original trouble. Such brain-lesions as described by Dr. Kelch are among the manifestations of tertiary syphilis.

Dr. J. A. Ochterlony said, "When neuralgia recurs, as Dr. Yandell states, after a piece of nerve has been removed, it does so not because the nerve has grown together by the formation of new nerve-tissue,

but it is in the majority of cases—certainly in those cases where large portions have been removed—by the development of connective tissue, and the recurrence of the neuralgia is due to the fact that there is a redevelopment of the morbid processes in the proximal end of the nerve. I believe myself that nerve-tissue may be reproduced, but that can occur only to a limited extent.”

Dr. Holland said, “There is great difficulty in deciding the cause of certain obscure brain-lesions growing out of the multiform character of syphilitic lesions. A syphilis of the brain may take the form of a congestion, of an inflammation, of a hyperplasia, of an erosion of an artery producing an aneurism, or it may extend so far as to lead to cerebral hemorrhage. It is difficult to count on the fingers of the hands the number of different kinds of lesions that may be traced back to a syphilitic basis. It is usually safe to assume syphilis as the cause of cerebral disease when the symptoms appear in an adult under forty who is free from Bright’s disease, but gives a history of a primary syphilitic sore. We should not forget that a tumor of the brain due to syphilis may be removed by the action of mercury and potash, and yet the consequences of the temporary pressure be maintained. The optic and any other cranial nerves may be paralyzed by a gummy or osseous growth pressing upon it and getting up lesions in it, and the paralyses remain even after the growth is absorbed. Hence the so-called ‘therapeutic test’ may be misleading in determining the etiology of cerebral tumor.”

FASTING.—By T. B. GREENLEY, M.D., Orel, Ky.

The author, after giving a brief account of the more noted cases of fasting in both ancient and modern times, and making some comments on the pathological effects produced by starving, adds, as coming under his own observation, the following remarkable case to the list of fasters :

Miss Triplett, of Hardin County, Kentucky, the daughter of respectable parents, was healthy till fifteen years old; then became epileptic and had frequent seizures. Two years later she became practically and so remained an imbecile with no more mind than a child a year old. She died when twenty-seven years old. Two years before her death, which occurred March 1, 1882, she took to bed and never rose again. “During this time she was, it might be said, almost unconscious, really not

possessing as much instinct as the lower animals. She barely, by the least manifestations possible, recognized the presence even of her parents, and never indicated to them by any signs the urgency of the calls of nature, but passed the contents of the bowels and bladder in the bed." Though she had during all her illness the advantage of medical counsel, she was never benefited by treatment. "On the 6th of December, 1881, she refused to eat, and continued to persist in this refusal, with the exception of a little milk and a few pieces of canned peaches, up to the time of her death. Her parents assure me—and they are of undoubted veracity—that she did not take into her stomach after the 6th of December, for a period of eighty-five days, more than a quart of milk and a tumblerful of canned peaches. It was with some difficulty that she could be induced to take a little water—only a few swallows a day. This case, I think, furnishes evidence of the longest fast we have on record."

Reviews.

Nervous Diseases: Their Description and Treatment. A Manual for Students and Practitioners of Medicine. By ALLAN McLANE HAMILTON, M.D., Fellow of the New York Academy of Medicine, one of the attending physicians at the Hospital for Epileptics and Paralytics, Blackwell's Island, New York City; one of the consulting physicians at the Hudson River State Hospital for the Insane, and Male and Female Asylums of New York City, etc. Second edition, revised and enlarged, with seventy-two illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. Large 8vo. Pp. 598.

This edition of Dr. Hamilton's Manual of Nervous Diseases has been enlarged both in the letter-press and illustrations, such additions being demanded, as he asserts, to bring it abreast with the advance in neurological medicine since its former edition.

Its contents are presented under an introduction and nineteen chapters. A few pages of the introduction are devoted to "Hints in Regard to Methods of Examination and Study," and the remainder to a description of the "Instruments used for Diagnosis and Treatment of Nervous Diseases." Every year brings with it some new instrument for service in connection with the nervous system, and those associated with diagnosis and treatment are of importance to, and demand the attention of, the general practitioner. Perhaps the most worthy new instrument described and pictured in this volume is a gas cautery devised by the author, apparently a more satisfactory device than that of Pacquelin, or any other in use.

Diseases of the cerebral meninges are treated of in the first chapter, and are fully presented. Rheumatic meningitis is admitted to be possible without associated joint-disease. It must be

difficult to make out such a disorder with no rheumatic disturbance in other part of the patient. In truth, it is time that some pathologic genius with a nose for classification and a sharp perception for real differences where there are close resemblances should take hold of the present muddle of rheumatism and give us a neat dissection and an orderly arrangement of that medley of pathological disturbances which we cover with the term rheumatism simply as a shield to our ignorance.

Acute granular meningitis is the name our author gives to what has long been known as tubercular meningitis, and until pathological histologists determine the precise nature of the granules which result from the morbid activity—that is, whether they are tubercles or something else—this should be accounted a good title. He recognizes a distinction between basal inflammation characterized by vomiting, constipation, slow, irregular pulse, unequal pupils, and strabismus, and inflammation of the convexity marked by general convulsions, tremors, and carpal spasms. He cites authority for recovery of about one per cent; this is better than common experience. In a pretty extended practice the writer has seen but one survival, and is sorry he saw that, the patient being transformed by the attack from a bright, intelligent boy into a deaf, blind idiot.

Seventy pages are occupied with disorders of the circulation in the brain, fifty-one by hyperemia, and nineteen by anemia. Hyperemia includes, of course, congestions and hemorrhages, and under subheads, with proper attention, the student will find a most admirable treatment of the various disorders long familiar under the name of apoplexy, paralysis, congestion, and the like. This arrangement will make the volume less easy for reference by the practitioner, but will give it an added value to the student who, being led by new paths, will be more deeply interested and give closer attention to the fresh news.

Dr. Hamilton goes over the alterations in the amount of blood within the cranium and speaks of the *modus operandi* as if it were no more difficult to understand than the alteration of the amount of blood in the stomach. On page 83, under the

head of symptomatic cerebral hyperemia, speaking of the cerebral subarachnoid fluid, and after declaring that it accumulates in the ventricles to supply the place of a deficiency of blood within the cranium, he continues, "And a loose and capacious receptacle in the spinal arachnoid sacs for containing this fluid when blood-pressure is above the average, so that the balance is generally preserved." Indeed! What was in the "loose and capacious spinal arachnoid sacs" before the cerebral subarachnoid fluid was crowded there by the cerebral hyperemia? and what was crowded out of the spinal canal when this fluid was crowded in? There is not so much mystery now about the relation existing among the arterial blood, the venous blood, and the other fluids in the interior of the head as there was long ago when the question of the cranium being a plenum was under hot discussion, the heads of decapitated criminals being examined for evidence, and inferior animals being beheaded for proof, and yet not settling the question; but still there is today much doubt hanging over some of the changes that obtain in the circulation of the brain, notwithstanding that ample testimony establishes that the quantity of blood there is subject to variation. Nor shall there be a complete clearing off of the mists that hang over the subject until the source of the energy that commands the service of the capillaries is better understood. For example, when somatic death takes place in asphyxia, the arteries and the left heart are surcharged with blood, and yet a few hours afterward the arteries are empty and blood all in the veins, having passed through the capillaries, notwithstanding its unaerated condition, after death. Whence derived the force that did it?

Thrombosis and embolism are clearly presented, and chapter five is devoted to cerebral softening with its multifarious manifestations. The author prefers the term *asemasia* to express the inability of communicating ideas arising from disease of the third frontal convolution to the usual one of aphasia, as being more expressive, the latter signifying only inability to use words, while the former includes inability to use words "and loss of

gesticulating powers, singing, reading, writing, and other functions by which the individual is enabled to put himself in communication with his fellows." Generally it is worth while to be exactly right, if one can be, but as *asemasia* signifies inability to indicate by signs or language, and the essential factor in this difficulty is inability to originate the correct idea, we might as well define what we mean by *aphasia* and let it stand until we think of a Greek root that will reach down to the pathological root.

Much has been written within the last few years to communicate the results of the most untiring investigation into the histology, physiology, and pathology of the nervous system, and Dr. Hamilton has given the great product attentive consideration and avails himself of all its certainties and some of its guess-work to complete his task of making a manual. He recognizes also that notwithstanding so much has been done, there remains still more to do, and we must regard the present earnest activity of neurologists as a transition state, some of the new work resting on the old foundations, more of it superseding old theories with new fundamental facts that constitute an absolutely new structure. He reproduces Ferrier's diagrammatic illustration of the scheme of the decussation of the optic tracts, according to Charcot, but more than a year ago Dr. Wm. Dickinson, of St. Louis, published in the *Alienist and Neurologist* a convincing mass of testimony that the optic nerves made a total decussation in the chiasm and not a partial one, as held by nearly all anatomists, and upon which the theory of hemiopia and amblyopia has rested. If Dr. Dickinson's conclusions are to be relied on, the ingenuity of Charcot, or some one else, must be taxed to reconstruct the diagram to bring it in accord with the facts of structure, and the third edition of the work before us must have its chapters on brain-tumors remodeled to conform to the advance.

After completing the presentation of the diseases of the brain, Dr. Hamilton turns his pen to the diseases of the spinal cord, and treats of its disorders in a corresponding order and a sim-

ilar manner. To this he devotes one hundred and fifty-eight pages, divided into six chapters, and then follow two hundred pages of description of diseases that involve both the brain and the cord or the peripheral nerves or nerve-trunks, including epilepsy, cerebro-spinal meningitis, alcoholism, hydrophobia, hysteria, exophthalmic goiter, neuralgia, anesthesia, professional cramp, and many others. These are all carefully and intelligently considered, and while one can not always find one's self in perfect agreement with the teachings of Dr. Hamilton, one can without hesitation accord to him the merit of presenting no views of egotistic peculiarity without reciting the facts upon which they rest. And notwithstanding there may be legitimate objection to the author's method of arranging his matter because it mars the facility of reference for special facts in a given subject, often an affair of importance in a book of fresh ideas, one can most heartily commend the volume under review as the most valuable, for the general purposes of the student and practitioner, of the host that has recently been published in the same field of professional literature. Insanity is passed by as being too large a theme for a work of this kind, in the author's estimation.

J. F. H.

A Study of the Tumors of the Bladder, with Original Contributions and Drawings. By ALEX. W. STEIN, M.D., Surgeon to Charity Hospital, Genito-urinary Division; Professor of Visceral Anatomy and Physiology at the New York College of Dentistry, etc. New York: Wm. Wood & Co. 1881. Large 8vo. Pp. 94.

Many a general practitioner will be glad to have this book. Hemorrhages from the bladder, persistent and puzzling, and other characteristics of these tumors occur so often that any systematic narrative, clear and concise, of their significance will be a most acceptable contribution to the consultation sack of books.

Dr. Stein has had four cases of his own, the particulars of which he inserts in appropriate connection after giving a classification of the morbid growths in this situation.

Two of his cases were primary malignant disease, and he gives the microscopic features of the growths and also a number of others from various sources.

He encourages the idea of better results from an operation for the removal of these tumors than is usually entertained by the profession. In examining the literature upon the subject, he finds thirty-four operations recorded, twenty-three upon females and eleven upon males. Of the females thirteen recovered, two improved, and eight died. Of the males six recovered and five died. Quite a variety of operations were performed, but the reader is referred to the book for details. The first operation was in 1750, the last in 1880, but the majority of them within the last decade.

The author pictures a new dilator for the female urethra of his own designing that has the appearance of being a valuable addition to the tools of the surgeon for the purpose in hand.

J. F. H.

Lectures on the Pathological Anatomy of the Nervous System. DISEASES OF THE SPINAL CORD. By J. M. CHARCOT, Professor to the Faculty of Medicine of Paris, Physician to La Salpêtrière, etc. Translated from the Reports by Dr. E. Brissaud, in the *Progrès Médicale*, by CORNELIUS G. COMEGYS, M.D., Lecturer on Clinical Medicine to the Cincinnati Hospital, Honorary Member of the College of Physicians, Philadelphia, etc. Cincinnati, O.: Peter G. Thomson. 8vo. Pp. 160.

Thirty years ago Dr. Comegys was a private pupil of the distinguished Charcot, and no doubt the translation of the lectures of his old teacher has been a labor of love. These lectures were published in the Cincinnati *Lancet and Clinic* in 1880 and 1881, and are certainly worthy of being collected in book-form.

The book is composed of seventeen lectures, and our readers can not have a better idea of the scope of the book than by the titles of these lectures, which we give.

Lecture I treats of construction and systematic lesions of the spinal cord; II, on the pyramidal fasciculi; III, on the pyramidal

fasiculus in the cerebral peduncles, internal capsule, and centrum ovale; IV, secondary degenerations; V, secondary degenerations of cerebral origin; VI, consecutive amyotrophy; VII, secondary degenerations of spinal origin; VIII, lesions of the fasciculi of gall and fasciculi of budach, spinal degenerations of peripheral origin; IX, cerebral or spinal secondary degenerations; X, determination of the tracts of the white fasciculi of the spinal cord by the study of secondary degenerations; XI, general seminology of secondary degenerations of the pyramidal fasciculus; XII, tendinous reflexions in secondary degenerations of cerebral origin, influence of nux vomica on the production of contracture; XIII, on the tardy contracture of hemiplegia and the clinical varieties; XIV, spasmodic hemiplegia of infancy, associated movements; XV, physiological character of pyramidal fasciculus in permanent contracture, hemiplegia, myelitis from compression; XVI, transverse myelitis, spasmodic dorsal tubes; XVII, spinal amyotrophies, localization in the gray substance of the spinal cord.

While the subjects are somewhat abstruse and require close reading to follow the thought, yet Dr. Comegys has exhibited his thorough knowledge of the French and of nervous diseases by making a very lucid translation.

Clinic of the Month.

WHAT IS THE BEST CURE FOR HIP-JOINT DISEASE?—Dr. O. H. Allis, Surgeon to the Presbyterian Hospital, recently read before the Philadelphia County Medical Society, an exceedingly interesting paper on this subject, from which we abstract the following:

I include every grade of the disease under two heads. In the first or milder form the manifestations of the disease are not such as occasion alarm on the part of the patient or friends. Though a slight lameness is present, and the active sports, exercise, or avocation are precluded, yet the patient is not confined to his bed; and even if medical aid is sought, the disease may be so masked as to escape detection. Finally, after months, the patient seeming to get no better or worse, further medical advice is sought, when the hip presents every evidence of cure from hip-joint disease, but with *fixation of the joint*.

In the second or severer type I include all cases that come under our care with unmistakable evidence of high destructive inflammation. The disease requires the most judicious surgical care to arrest it. Slowly but steadily the symptoms subside, health returns, and every evidence of local disturbance disappears, when an examination of the joint shows *fixation*. Fixation I believe to be nature's best cure; and the single question I wish to bring before the society at this time is, "Can cases that have passed through the inflammatory stage of hip-disease, in which the disease has been arrested and a cure established through fixation, be still further redeemed and a movable joint established?"

I ask the question, for clinical teaching answers in the affirmative. I ask the question, for I have never heard in lectures or seen in print a full, clear, and rational standard by which medical men should be guided in their *cures* of this disease. Over and over again I have witnessed in clinical teaching, and in the presence of hundreds, a hip in the stage here represented, moved under an anesthetic, to break up adhesions and to prevent ankylosis. These cases may never be seen again by the student, and he leaves his *alma mater* with positive

views of the proper practice in this stage of the disease. Should such a one light on the disease afresh, he may be led to conclude that it was due to his lack of skill; and such will find some comfort in the instances I shall briefly relate.

The first case of hip-disease that was placed under my care was in a lad about twelve years of age. The case had been of an aggravated character. At the time I took charge of him the extension apparatus was still employed. He was daily gaining, and every symptom of inflammation had disappeared. A few weeks later I removed the weights, and cautiously examining the joint, found it fixed. This condition I reported to the surgeon who had put the case in my hands, stating "that the patient would recover, but with a stiff joint." His reply was, "*Not if you do your duty.*" Under his direction I administered an anesthetic and carefully moved the joint. The result was that the disease returned in fourfold fury, and bore a widow's only son speedily to his grave.

A second case came under my care. In this, a lad of five years, the disease had been of a mild grade, and although for four or five months under medical care, its true nature had not been observed. The case was really one of *nature's cures* with fixation. This was readily pointed out; but the distressed parents desired a better result, if such were possible. With the experience of the first case fully impressed upon my mind, I determined to associate with me a surgeon of experience and authority. The adductor tendons were cut and the limb moved. Giving it a few days' rest, it was again cautiously moved, until within a few weeks it seemed to move as easily as a normal joint. But, as triumph seemed to be assured, *hectic*, nocturnal pains, and a pointing abscess stole in upon us and forbade further interference. By change of air, the best of nursing, and a resort to the very means by which the disease is treated in its inflammatory stage, the case progressed favorably, until it finally recovered the condition in which I first found it.

The third case was that of a young man, about twenty years of age. He, too, came under my care in the stage of fixation. For months the history had pointed to local hip-trouble, but now the symptoms of the disease and its stage were unmistakable. Thinking that in my other cases I had been too anxious to reclaim the function of the joint, and had therefore been too thorough in my manipulations, I determined in this case to be extremely cautious, to move it at greater intervals, and this would enable me to desist should untoward symptoms arise. I therefore gave an anesthetic, and flexing

the femur once, and that, too, slowly and steadily, I as gently restored it to its place on the bed. A week later I repeated the motion, with the same precaution; but before the third week came round, the elevated temperature, disturbed rest, and loss of appetite told me I must desist. This I did; but the disease, reëstablished by the two gentle and cautious manipulations, culminated in destruction of the head of the femur, and though resection took place a year later under most skillful hands, the patient succumbed.

Thus, of three cases—the only ones in which I have tried to redeem the hip when nature had cured by fixation—two resulted in death and the third escaped, but not until he had been dragged to the verge of the grave by established surgical practice.

That which has been my experience has, I am quite sure, been the experience of others, and with Bryant, who states that the best cures for spinal disease are those that have never come under medical care, I say that, in my experience, the disease of the hip often runs to a most successful issue when let alone, and that interference with this result has done mischief, and only mischief.

In attempting to reclaim the function of the joint, we lose sight of two important things—first, the pathological condition of the joint; second, that if the object for which manipulation is undertaken be unsuccessful, the patient will be left in a far worse condition by the attempt.

As to the condition of the joint, it may be said that, in all cases in which the inflammatory stage has run high and been lasting, the soft structures are so changed that there is no true synovial membrane and no true cartilage remaining. The cartilaginous joint-ends have no longer their normal individuality. The structures and conditions that made and kept them distinct are no longer present, and *articular* ankylosis is the inevitable result. There is no longer a joint-cavity, and no longer toleration of motion. The success that is met in restoring a joint to usefulness in case of fracture finds no analogy in this class of ankyloses. In fracture the false ankylosis depends upon *peri-articular* inflammatory products, and even when in exceptional instances fibrous bands occur in crushed joints and are successfully overcome by motion, the intelligent examination of the subject will fail to find the slightest parallelism in the nature of the two subjects. In the arrest of the disease, in the cure by fixation, without abscess, necrosis, and distressing sinuses, the patient and physician have every reason for congratulation. The cure is indeed a most favorable compromise on the part of the disease. It shortens the confinement of

the patient, while in all cases where the bone becomes seriously involved, some lead to an early grave, some to spontaneous cure after years of torturing and disgusting disease, while still others are relieved only by surgical interference. Instead, then, of holding out to patients and their friends that a cure with a stiff joint will be a great misfortune, it should be rather regarded as the most fortunate termination possible; and great care should be taken when permitting the patient to leave his bed to see that a well-adjusted apparatus will secure a continuance of the means of rest that have led to so fortunate a result.

The cure by fixation includes, however, a still further question, viz: what relation shall the femur have to the trunk to yield the greatest advantages? When in exceptional cases the limb is *fixed* at a right angle to the trunk, we are apt to regard the subject with great commiseration; yet such a position is the most advantageous, under the circumstances, for a sedentary occupation. Such a one can sit with as great ease as with healthy joints. It is only when he walks that his misfortune is so apparent. The case cured with femur in direct line with the trunk has similar advantages when the occupation is mainly on the feet. Cases receive but little sympathy when compared with the former class, yet the latter are doomed to a most restful posture when they desire to sit down. Such can only use the edge of a chair, and often find sitting more tiresome than standing. While, therefore, fixation in any position will be a great inconvenience in any walk in life, yet the position midway between those just described will probably, in the majority of cases, yield the greatest advantages.

Still another point in nature's cures is worthy of attention. With loss of function must be associated arrest of development. The limb, in common parlance, shortens, and thus by degrees necessitates a high shoe. The disparity in the limbs is due to the unequal lengths of the femur. By this arrest in the growth the knee is made to approximate the trunk, and the ankle, by the elevation of the shoe, approximates the position of the knee. Thus the shortening of the limb, which necessitates a high shoe, becomes a great advantage, since by such a result greater activity is rendered possible.

THE ABORTIVE TREATMENT OF BUBOES WITH CARBOLIC ACID.
—Dr. Morse K. Taylor, U.S.A., in the April number of the American Journal of the Medical Sciences, reports twenty cases in which he certainly obtained remarkably successful results, and he states that within the last seven years he has treated nearly

one hundred and fifty cases of various forms of lymphadenitis, arising from specific and non-specific causes; and, where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution, containing eight or ten grains of carbolic acid to the ounce of water, directly into the interior of the inflamed gland.

HYPODERMIC USE OF QUININE IN CERTAIN FEVERS.—Dr. Sawyer, of Whistler, Ala., recently contributed a paper to the Virginia Medical Monthly on the foregoing subject, in which he says:

The use of quinine hypodermically would be, perhaps, much more general than it is but for the fear of painful abscesses forming at the point of injection. This troublesome sequence can, I think, be always avoided, firstly, by using *boiled* water and a little *tartaric* acid as the menstruum for the solution of the quinine; secondly, by pressing the fluid slowly into the tissues; thirdly, by gently rubbing away the first portion of the injected fluid before more is passed into the tissues.

A too rapid hypodermic injection tears the tissues so much as to lead to inflammatory processes and to the formation of abscesses.

The use of the mineral acids for solvent purposes, such as sulphuric, hydrochloric, nitric acids, leads to the formation of abscesses by their irritating, caustic, and destructive effects, upon the tissues injected.

Lactic acid has been recommended as a solvent of quinia salts; but it also produces effects nearly as bad as the mineral acids.

Tartaric acid exists as a natural acid in grapes and in other fruits and in wines, and seems to be a healthy ingredient of the fluids of the body. In my hands abscesses have never followed its use, while the stronger acids were quickly abandoned.

Notes and Queries.

KENTUCKY STATE MEDICAL SOCIETY.—When this body met at Covington last year it was determined by a very large majority of the members present to change the migratory feature of the Society and have it meet in future in some fixed place. The place selected was Louisville. The reasons for this choice are too many and too apparent to need mention here. The opponents of the change, who were active rather than numerous, predicted that the movement would lessen the efficiency and usefulness of the organization; that to make Louisville the permanent home of the Society would convert it into a mere Louisville society, where, if no other evil resulted, there would be an exceedingly unfair distribution of the honors and offices of the Society; that Louisville men and Louisville influence would swallow up the entire concern, bag and baggage. Some of the opposition went so far as to say that they would attend no more meetings of the Society until the organization resumed its peripatetic character, which was but another way of saying that the "mountain must go to Mahomet."

Well, pursuant to the Covington resolution, the Society met in Louisville on the 5th of April, and the meeting was characterized by a most agreeable tone and healthful spirit. There was much and really good work done, and the general feeling at its close was that the time allowed for the meeting had been too short. Work was prosecuted actively up to the very moment of the final adjournment (Friday afternoon); and in spite of this several papers and the reports of many interesting cases were left unread for the want of time.

The address of the President (Dr. J. W. Holland) is full of food for thought. We make room for such portions as touch

upon matters in which the profession at large is interested. Dr. Holland presents things as they are rather than as the dreamers would have them. State medicine, vital statistics, medical education, and regulating practice are subjects in which the average citizen, along with the average physician, takes no earthly interest, nor will he until the schoolmaster has been abroad for many a luster yet to come, until, in a word, education becomes so universal that he who runs may read. For our part, we trust the time will be even longer delayed when the State shall interpose in the matter of medical education or attempt to regulate the practice of medicine by legal enactment.

State Medicine. We have secured the passage of laws regulating the practice of medicine, regulating the sale of medicines and poisons, providing for the registration of vital statistics, and establishing a board of health. Each of these acts was a distinct declaration to the community that State Medicine was a branch of public business which all good citizens should foster. It may be said with truth that all these acts are far from satisfactory in their working; that not one of them is framed exactly as we wanted; and that every year some amendment is proposed with a view to their improvement. It would appear that though the way out of this wilderness is seen by many of us, we must all confess that to see the way and to cut it are two very different things. All are agreed that the task calls more for organized industry than for oratorical thunder. A glance at our past attempts will at least show us how not to do it.

Vital Statistics. In 1851 the legislature, instigated by our members, especially by Dr. W. L. Sutton, our first President, provided for the registration of the particulars showing the vital movements of our population. The law requires reports from physicians and clergymen to be made to the county clerk, and to be collected and published by the auditor. So lame and impotent are the workings of this law that the statistics gathered under it are of no value. Any deductions made from them would most likely be misleading. This complaint is heard in every State that pretends to make statistical reports, doctors and preachers will not voluntarily trouble themselves with these concerns. Even when a penalty for neglect is provided in the law no attention is paid to it, as no one cares to enforce it. There is no need before this enlightened audience for argument upon the value of trustworthy statistics for sanitary science, nor does any intelligent law-maker

require to be told that political science without them is no science at all. The greatest statesmen of modern times have openly testified that nothing is more worthy their support and their scrutiny. The subject of study is the unit, the individual, and to him we must look for the truth in all cases. Like every other law we have recommended, this will depend for its execution more upon popular consent than on the zeal of officials. Our patients, and in many instances ourselves, have not been sufficiently taught on this head any more than upon the kindred topics of the value of a highly-educated medical faculty, of restriction on sale of poisons, of carefully-planned public and private measures for the prevention of disease. Let me bespeak your enthusiastic aid in teaching the people and their leaders how that the accurate registry of the births, marriages, and deaths is necessary; first, so as to identify individuals in suits for property or for crime; second, so as to ascertain the workings of hygienic procedures. Bereft of them, the health-officer has no eyes to see the effects of his public acts, and without the most striking evidence to convince the ignorant or the unwilling of the value of his science. Without them the political economist can not discuss intelligently certain national and racial questions involved whenever man in the aggregate is the subject of study.

Medical Education. Dr. Sutton, the first President of the Society, devoted a large part of his address to elaborating the thought that it is our duty to the public to use all proper means to secure to them a succession of well-instructed physicians. He tells with regret—and with an apology for the college, as if it was uncommon—an instance of a student who commenced his pupilage at the beginning of a summer-course of lectures and received his diploma the following spring. Were he in my place today, thirty years after, such a cloud of witness to the same abuses would clamor for reprobation that the good man, the thorough and devoted student, with his old-fashioned notions of State pride, would be eloquently silent on this head. Our historian will not find in thirty years any conspicuous exhibitions of ability to elevate the standard of education by influencing the colleges of the State. Our limitations are so narrow here that we had better seek our ends by other means.

Regulating Practice. This Society was largely instrumental in securing the passage of the act of 1874 now in force. It is no exaggeration to say that in all but a very few counties it is practically a dead letter. These bills for suppressing quackery are like doctor's prescriptions—there is some meaning, though no magic, in the words. An efficient board of examiners must first play the apothecary, and then

the legal prosecutor administer the bitter dose. In most of our counties the appointed apothecaries find the compounding a disagreeable job, and therefore shirk it, or the nurse takes her responsibility lightly, and so the case is left hopefully to the *vis medicatrix naturæ*. The impression is left on the public either that the case is not so bad as we represent or it is incurable. Even after information concerning an offender is lodged with the jury charged with the duty of administering justice upon him, in many communities quackery is held in so little horror that the harm done by it is believed to be less in amount than the punishment pronounced, and hence by a social law its rigor is softened or its enforcement fails altogether. At our last meeting Dr. J. N. McCormack offered an amendment to the act of 1874. He would require the State Board of Health to prepare a list of colleges in good standing for the use of county judges and assign to the county health-boards the task of prosecution. It is possible that the legislature now in session may pass this amendment. In that event it may be predicted that if the county boards are without pay for this work, and are not more diligent in this business than they are in the removal of nuisances, the law will be simply a scare-crow, and one, too, of such a familiar aspect that the birds of prey are more likely to perch on it than to fear it.

A committee of the New York State Society has recently presented to their legislature an amendment to their present law, whereby the teaching-body is separated from the one which passes upon qualifications. It requires that hereafter, in order to obtain a license for practicing medicine, the candidate must first pass an examination before one of the several boards representing the different methods of practice, these boards to be appointed by the curators of the university. A diploma from a medical college has no weight of itself, though of course the training required to secure it will count in the answers to questions propounded. Divorced entirely from political or college control, the examiners will be free to decide each case on its merits. The schools vying with each other for the purpose of fitting their graduates fully for the test, will feel a lift such as no other power could impart. The value of the diploma is then measured by a fixed and uniform standard to which all must come or lose in reputation and patronage. Join this plan to the Illinois one of paying an officer for directing its enforcement, and you have a scheme for regulating the practice which will commend itself to most if not all of those who without prejudice have endeavored by legislation to solve the problem.

The Code of Ethics. For myself, I am free to say that a dispas-

sionate study of the case as presented in the medical press has not enabled me to reach the conclusion of the majority of the members of the New York Society present at Albany. For a State society to take final action on this Code without conference with the National Association, is for it to declare its independence and indeed its willingness to secede, with all the county societies hanging to its skirts, if affiliated societies insist on a strict reading of the law. The situation of affairs must be desperate which would justify this extraordinary action.

When a doctor answers a summons to attend the sick, he goes with the intent to do all the good he can, with the understanding that he is the best judge of the degree and the kind of benefit that may follow his ministrations. If his judgment is so important to the case as to excite indignation when withheld, then it should certainly be valid when he asserts that no good can come to the patient in a consultation with another doctor who publicly declares that he treats by a peculiar and exclusive system, or who perhaps resorts to methods which are condemned by the best men of the profession in all ages and in all lands. The life of a Premier of England is one of transcendent importance in the eyes of many millions, but to every man in this world nothing is so important as that he shall be true to himself. In the long run nothing can injure humanity more than that men should be false to their highest convictions of duty. To pretend to consult when irreconcilable differences are openly avowed is a sham, and a useless sham to boot.

The medical men of England have stood the test like men who were lords themselves. When the storm was past their most dignified and conservative body, the Royal College of Physicians of London, for the benefit of the public then defined their position: "That while the college thinks it desirable not to fetter the action of the members with reference to any opinion they may adopt, it nevertheless expresses its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The college therefore expects that all its members will uphold these principles by discountenancing those who trade upon such designations."

The oft-heard charge that we persecute for opinion's sake is squarely met and refuted in the preamble, which implies that there is no body of doctrine, no orthodoxy in therapeutics, every one being free to think and prescribe as he pleases. Recognizing the fact that

a doctor cultivates a science which aims not only to cure a disease but also to tell what and where the disease is and what is its probable course, it expresses the view that to announce one's self not simply as a physician, but as one who limits himself to the use of certain rules in curing, is a trick of trade appealing to the ignorance or prejudice of the laity and unworthy the free spirit of science. For a doctor to make by specific designation a public claim to the possession of special and superior knowledge in curing is to take a stand toward other doctors which is, to say the least, unmannerly.

There were sixteen papers read, in abstract or in full, before the Society. Twelve of this number were furnished by Louisville physicians, three by physicians from other parts of the State, and one by a gentleman from an adjoining State. There were eighty-five members in attendance, forty-two of whom came from Louisville, forty-three from the State at large. Exclusive of the Louisville delegation at other meetings the State has never been so largely represented in the Society.

It is worthy of note that though forty-three physicians came from other parts of the State, they contributed but one fifth of the papers read, while Louisville, with an equal number of representatives, furnished the remaining four fifths. So, whatever else may be said, Louisville did her part of the work, bore her part of the dust and heat of the day. If honor and reward were to follow upon work done, upon services rendered, upon duty discharged, the profession of Louisville might well claim what, in certain quarters seems to be so much coveted, some of the offices, some of the high places in the gift of the Society. But, contrary to the predictions of the wise men, Louisville men claimed nothing, and getting that, were satisfied. With a hospitality true to the traditions of their fathers, and which we take no little pride in saying still abounds among us, they gave the best cuts to their guests, offered them the freshest mint, entertained them in their houses, and loaded them with offices. The Committee of Arrangements, though urging in season application to business and devotion to work, respected itself and its surroundings too much to be guilty of the vulgarity which was indulged in at St. Louis last fall on the occasion of

the meeting of the Tri-States Society, when the chairman of a similar committee announced "that the members were welcome to what they paid for." Hospitality, though it sought private channels, abounded, and our guests had no one to blame but themselves if one among them all left the city without seeing something of the interior and domestic life of his Louisville hosts.

The most elaborate paper presented to the Society was the report on Surgery, by Dr. W. O. Roberts. It was much too long, however, and the gavel of the President should have fallen when it was but half concluded. The report, somewhat abridged, will appear in our June number. The specialists, of which Louisville has her full share, added much to the interest of the meeting, and while they still persisted, as it seems they always and every where do, in putting the general surgeon and general practitioner at a disadvantage in having them to say things which they do not say and do things which they do not do, the manner in which they did it was less patronizing than on some former occasions. There is still room for improvement, however, in this respect on the part of our *confrères*. A little more tolerance and a little less of Sganarelle's "you are not obliged to be as clever as we are," would still be in order. Sir William Hamilton said (and we commend his remark to all to whom it may apply), "Consummated science is positively humble."

We furnish elsewhere abstracts of the papers read and such discussions as their reading elicited. We hope with another year that the essays offered will be shorter and the discussions more general. The most interesting part of the proceedings of the last International Medical Congress will be found not in the papers presented but in the discussions which they provoked. Dr. Rhoades's report on the Use of the Iodide of Potassium is valuable as it stands. It would have been more so had it been supported by a longer array of cases. Dr. Johnstone's general conclusions will commend themselves to surgeons every where. Dr. Larrabee's estimate of the value of cold externally applied

in the conditions he describes will appear to many as of doubtful efficacy, though the success he reports will outweigh mere theoretical objections. Syphilographers will be found in opposition to Dr. Matthews's view of the cause of certain rectal strictures, while those general surgeons who have had largest experience in colotomy will differ very widely with him as to the value of that procedure. Yet it is out of individual experience that the aggregate of our knowledge slowly forms itself. Dr. Ap Morgan Vance read a paper containing many practical suggestions touching the use of the plastic dressing in spinal caries. In the history of the movable paper jacket, several artistic specimens of which he exhibited, he fell into the mistake of claiming this modification of Sayre's jacket as his own. Dr. Vance has much improved the original of this jacket, but the credit of its origin is to be shared by others who were engaged in plastic dressings previous to any work done in that direction by Dr. Vance.

Dr. Vance also exhibited a case of genu valgum in the person of a little negro boy, in which he had rectified the deformity in the most satisfactory manner by the osteotomy usual in knock-knee. This is the first operation of the kind known to have been done in Louisville.

Dr. Greenley reported what he believed to be the longest fast upon record. The case, though lacking in that accuracy which is now demanded in all scientific statements, we believe should be accepted in full.

A typical case of acute bromism was related by Dr. Cartledge, and led Dr. L. P. Yandell to speak of his experience with the bromides in the treatment of various diseased conditions, traumatism of the cranial contents among others. The AMERICAN PRACTITIONER contained a paper some years back, written by its senior editor, in which a number of cases of cerebral injury, followed at longer or shorter intervals by epileptic phenomena, were signally benefited by the methodical use of the bromide of potassium.

The creed of Dr. L. P. Yandell, touching the causes and

treatment of cutaneous and other diseases, is simple, but from the very nature of human ills and the obscurity which still invests most of their causes, it will be found difficult of application in the every-day work of the physician.

It is to be hoped that Dr. Reynolds's remarks on and experiments with lenses for spectacles will lead dealers in glasses to select them with greater care.

The instrument for detecting color-blindness invented by Dr. Coomes seemed to fill all the conditions claimed for it, and ought to enable any one curious in such matters to detect for himself in what color either nature formed or tobacco made his vision untrustworthy.

The resolutions introduced by Dr. L. P. Yandell as chairman of a committee formed for the purpose speak in no uncertain tones of the estimate placed by Kentucky physicians upon the new New York Code.

WHEREAS, Resolutions have recently been adopted by the State Medical Association of another State subversive of the Code of Ethics of the American Medical Association;

Resolved, That the State Medical Society of Kentucky regards the Code of Ethics of the American Medical Association to appear to us the best Code now extant for the government of honorable and scientific medical men, and that we hereby declare our firm and unfaltering adherence to the principles of said Code, and deprecate any change in it until such a change can be devised as shall be clearly shown to be desirable, and an improvement on that now in force.

Resolved, That our representatives at the approaching meeting of the American Medical Association be and hereby are instructed to give their votes' influence in favor of the Code as it now stands.

Dr. Brandt, of Indiana, read a paper based on a single and very interesting case treated by him of tubular diarrhea.

The Committee on Prize Essays reported that it had received but one essay, and that not having been presented within the time fixed by the committee could not be allowed to compete for the prize. The committee was discharged, a new committee appointed in its stead, and the same subject continued for another year.

The following officers were chosen for the ensuing year: Dr. Ancell Price, Harrodsburg, President; Dr. J. R. Baily, Logan County, Senior Vice-president; Dr. T. D. Williams, Washington County, Junior Vice-president; Dr. L. S. McMurtry, Louisville, Permanent Secretary; Dr. S. M. Letcher, Richmond, Assistant Secretary; Dr. E. Alcorn, Treasurer; Dr. L. C. Wagner, Librarian. Board of Censors—Dr. C. H. Todd, Owensboro; Dr. W. M. Fuqua, Hopkinsville; Dr. W. W. Cleaver, Lebanon.

The Society then adjourned, to meet on the first Wednesday in April, 1883.

FOUNTAIN COUNTY, INDIANA, MEDICAL SOCIETY.—The annual meeting of this society was held in Veidenburg, April 6th, Dr. C. V. Jones, chairman, Dr. George Rowland, secretary. Drs. W. R. Stout, Chas. B. Austin, and P. B. Moore were elected members.

The following are the officers chosen for the ensuing year: E. M. Fine, M.D., president; George Rowland, M.D., secretary; G. Sproson Jones, M.D., treasurer; Drs. Hays, Riffle, and Stout, censors.

The following delegates were selected to the Indiana State Medical Society: Drs. George Rowland, Geo. C. Hays, W. C. Cole, and John S. Riffle. To the American Medical Association, Drs. C. V. Jones and W. C. Cole were appointed.

Dr. Riffle presented a patient recovered from a compound fracture of the humerus, on whom he jointly with Dr. George C. Hays had done resection, in which the result was all that could be desired. The following is a condensed account of the case:

E. B., aged eighteen, received a compound fracture of the surgical neck of the right humerus December, 1881. The lower fragment of the humerus protruded below the coracoid process and in front of the axilla about two and a half inches.

In conjunction with Dr. Hayes, I examined the injury seven hours after the accident. The protruding portion of the humerus was found denuded of its periosteum to the extent of two inches, with a fracture of the coracoid process, and much contusion of the soft parts around

the shoulder-joint. It was determined to attempt to save the arm, if possible, even at the risk of some deformity.

The patient was anesthetized and two inches of the protruding portion of the humerus were cut off. When the extremities of the broken bone were placed as near as could be in apposition, a sole-leather splint was applied so as to encapsulate the joint and extend from the shoulder to the wrist. The arm was adjusted to the side of the body with a soft pad between it and the chest. This appliance was occasionally removed so as to sponge the entire arm and shoulder with warm water and alcohol.

The displacement which generally takes place in an injury of this kind arises from the lower fragment being drawn upward and inward, or toward the coracoid process, and it sometimes requires no little skill to effect reduction, as it is occasionally impossible to retain the bones in position after reduction on account of the difficulty of applying any apparatus which acts efficiently upon the fragments. Taking these things into consideration, and that after reduction alone union might not occur, we thought it best not to make any effort at reduction without first making resection. The result showed the wisdom of this course, for the patient recovered with a very good arm, on a line with its fellow, and only half an inch short.

The following resolutions touching the recent action of the Medical Society of the State of New York were offered by Dr. George Rowland and unanimously adopted:

WHEREAS, We, the members of the Fountain County Medical Society, have noticed with deep regret that the Medical Society of the State of New York has recently adopted a Code of Ethics which is in direct conflict with the Code of Ethics of the American Medical Association; therefore,

Resolved, 1. That whatever changes and mutilations were made by the Medical Society of the State of New York in the Code of Ethics approved by the American Medical Association are unnecessary, unauthorized, unwise, and mischievous, and deserve the condemnation of all good men in the medical profession.

2. That when the Medical Society of the State of New York asserts the right of its members to meet in consultation *legally* qualified practitioners of medicine, without further qualification, it places itself in direct antagonism to the regularly accepted Code of Ethics, and helps to break down the barriers which separate the scientific and conscientious physician from the vain and ignorant charlatan. For it

is a matter of common knowledge that among those who may be technically called *legally* qualified physicians are often to be found the most arrant quacks; and that by thus conferring upon them professional equality, we give them countenance and respectability, and enable them to ply their nefarious vocation with still greater injury to the public.

3. That the Code of Ethics of the American Medical Association is above State organization, and that all physicians who are members of the American Medical Association, or who belong to societies in affiliation with that body, are bound by its obligations and restrictions and amenable for violation of its laws; and it is unwise to disturb a custom which has been approved by the wisdom and experience of ages.

4. That as the action of the Medical Society of the State of New York is without a precedent for this strange departure, we trust it may have no following, and that we deeply sympathize with the noble minority who fought against the cruel action of the majority.

The society then adjourned to meet the third Thursday in June to receive the report of its delegates to the Indiana State Medical Society and the American Medical Association.

PROF. JOSEPH PANCOAST.—We take the following appreciative sketch of this eminent surgeon from the *Medical Times*:

Joseph Pancoast, M.D., Emeritus Professor of General, Descriptive, and Surgical Anatomy in the Jefferson Medical College, died at his home in Philadelphia, March 7, 1882, in the seventy-seventh year of his age. During the past five or six years the health of the great surgeon has steadily but surely failed, and of late it has been painfully evident to his many friends that his illness could have but one termination. His death therefore, though sincerely mourned, was not unexpected. At the end of a long and active career, in which he achieved eminence and received distinction such as the world awards to few, he passed away, surrounded by his family, ripe in years and honors, and happy in the consciousness of a well-spent and most useful life. Born in Burlington, New Jersey, in 1805, he was graduated at the University of Pennsylvania in 1828, and at once entered with ardor into the active duties of his profession as teacher, author, and practitioner. In 1831 he began systematically to lecture upon anatomy and surgery. His connection with the Jefferson Medical College began in 1838, when he was elected Professor of Surgery, a worthy successor to

George McClellan, whose vacant chair he was appointed to fill. When the school was reconstructed in 1841, Prof. Pancoast took the chair of anatomy, dividing the clinic with the professor of surgery. In this and the former position, for thirty-six years, he faithfully and zealously labored, with his distinguished colleagues, to build up the reputation of the school with whose success he is identified. In 1874 declining health compelled him to resign his more active duties.

The surgical achievements of Prof. Pancoast belong to the history of American surgery. A fluent speaker, he possessed the gift of inspiring his hearers with some of his own zeal and enthusiasm, and his students, recognizing his genius, gave him their esteem and affection. Indeed, his clinical lectures had a peculiar charm, which only those who heard him in the fullness of his powers can now appreciate; they can also recall the fact that he was always greeted with applause, and his teachings were received with rapt attention. A man of great and diversified endowments, his moderate size gave little promise of the greatness of his mind. A diligent student, a perfect anatomist, a dexterous and skillful surgeon, he certainly was; but the paintings that he made also display his skill as an artist, while poetry of a decided literary merit attests his ability to shine in other paths had not his special predilection for surgery led him to undertake a life-work which has rendered so great a service to American surgery and to humanity.

A SURGEON ACCORDING TO CELSUS.—Celsus considered (Lib. vii, Prefat.) "a surgeon ought to be young, or at least not far advanced in years; to have a firm, steady hand, and never liable to tremble; to be no less dexterous with the left than with the right; to have an accurate and penetrating sight; an intrepidity of mind sufficient to bear up against the shrieks of his patient, yet compassionate to him whom he has undertaken to cure; he should neither hasten more than the case requires, nor cut less than is necessary; but to effect his purpose in every case, as if he were immovable by the importunities of his patient." (*Annals of Anatomy and Surgery.*)

A SURGEON ACCORDING TO BILROTH.—Dr. McClelland thus writes in the *Medical Times* of the great German: "It is no wonder that Bilioth does remarkable operations. In the first

place he is responsible to no one. There is nobody to question him and to ask, why do you do this, or why do that? The patient has not a word to say in the matter. If Bilroth determines to do an operation, that is the end of it. He is supreme. If the patient recovers, all right; if he dies, all right; not a particle of difference either way. I do not know if he even has any particular satisfaction in the recovery of a patient. It all lies in the fact of having done the operation. In the second place, Bilroth has been first professor for years. He has the most abundant material of all classes, qualities, and kinds. He does all kinds of surgery, including every thing relating to the female generative tract. There is no specialty of gynecology of any consequence here. There is not a day in the year, and has not been for years, that Bilroth has not done major operations. I do not mean amputations of limbs or resection of joints. He would not look at such a thing. Why! he whips out a goiter as a sort of by-play while the patient is being etherized. To take out a tongue is easy for him, and he ties the lingual arteries on both sides with the utmost ease. So exceedingly familiar is he with the topographical anatomy of the body that he rarely uses a director, but cuts right down to the place. He stops at nothing. The other day he was removing a cancerous ovary which was found to be adherent to the bladder and part of the small intestine. Does he stop? No! He cuts out a section of the bladder, stitches it up, cuts off seven inches of the intestine, stitches the ends together, removes the growth, closes the wound, and the woman recovers. I saw a man in the ward with a cancer of the stomach at the pyloric end, and after opening the abdomen he found the disease so extensive, involving so much, that he could not remove the growth at all. Does he close up the wound? Not he! He cuts down to the healthy gut, snips it off, cuts a hole into the healthy part of the stomach, stitches the gut to it, and the man is getting fat. Now I say that, to be sure, they are wonderful operations; but why should n't they be? Bilroth has attained this boldness and amazing skill in surgery by easy stages and after years of daily operating.

Another thing, if he proposes doing an operation a little new or out of the way, he has one cadaver or a dozen to experiment upon, if he wants them, at any time or hour of the day. There are twenty to thirty bodies in the pathological rooms every morning.

RESIGNATION OF PROF. S. D. GROSS.—The following is the letter of the venerable surgeon tendering his resignation :

President of the Honorable Board of Trustees of Jefferson Med. College :

DEAR SIR—Advancing age and a desire, after a laborious professional life of fifty-four years, to spend the remainder of my days in comparative repose, induce me to ask your board to accept my resignation of the chair of Surgery which, by a unanimous vote, they did me the honor to confer upon me twenty-six years ago. During this long period it was my good fortune to be associated with learned, distinguished, and honorable colleagues, who always received my earnest coöperation and support in every measure designed to advance the best interests of the school and to maintain it in that lofty position which it is universally acknowledged, both at home and abroad, to occupy.

In severing my relations with you and with my associates, I desire to assure you that I shall ever feel a deep interest in my Alma Mater, and pray that she may continually advance in prosperity and influence, and be in all time to come an honor to her founders, to the various faculties that have ministered at her shrine, and to the trustees who have, in successive stages of her career, so wisely shaped and controlled her destinies. I lay down the robes of office not without regret, but with clean hands and with the consciousness that in all my teachings, extending in different schools over a period of forty-eight years, I was ever governed by an eye single to the welfare of my pupils, and the honor and dignity of my profession.

I am, dear sir, very respectfully, your friend and obedient servant.

S. D. GROSS.

In consideration of the long and continued faithful services of Dr. S. D. Gross, he was elected Emeritus Professor of Surgery.

The Trustees very wisely divided the labors of the chair, electing Dr. S. W. Gross to the chair of Principles of Surgery and Clinical Surgery, and Dr. J. H. Brinton Professor of the Practice of Surgery and Clinical Surgery.

Dr. Samuel W. Gross was born in Cincinnati in 1837, and graduated in medicine in the Jefferson Medical College in 1857.

Dr. Brinton was born in Philadelphia, and received a liberal education at the University of Pennsylvania. He subsequently studied medicine at the Jefferson School, from which he graduated in 1852.

The selections are certainly judicious, and will therefore give general satisfaction. Both Dr. Gross and Dr. Brinton, are widely and favorably known and will no doubt wear most worthily the great mantle which has fallen to them, albeit it is large enough for a half dozen ordinary men.

A D.D. SKETCHES AN M.D.—On the occasion of the meeting of the International Medical Congress in London last summer, two noted sermons were preached. One was by Canon Liddon, who spoke in St. Paul's Cathedral on Teaching and Healing. The other, on The Preservation of Body and Soul and Spirit, was given by Canon Barry, in the sacred precincts of Westminster Abbey. Canon Liddon thus speaks:

The physician is a prophet; and this character is never so apparent as when life is drawing toward its close. Often, when to the sanguine ignorance of friends the bright eye and the buoyant step seem to forbid serious apprehension, medical science already hears not uncertainly the approaching footsteps of death. There is a point at which all forms of highly cultivated knowledge become instincts; they are certain of their judgments, even when not able to produce a reason. And no man can have passed middle life without being struck with the sort of second sight, as it may well seem, which is at the command of an accomplished physician. Would that I might be permitted, in the freedom of my ministry, to say a word as to the use of this tremendous power! Too often, when science knows that death is inevitable, the dying man is allowed to cherish hopes of life, with a view to possibly prolonging for a few more days or hours the struggle for physical existence; and thus the precious, the irrevocable moments pass, during which the soul, by acts of faith, and hope, and love, and contrition, might unite itself to the Divine Redeemer, and prepare itself for the presence-chamber of the Judge. Brethren, it is not for this that your higher knowledge is given you; it is not for this that the departed will thank you when you too meet them in the world of spirits.